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PRIVATE NURSING¹

BY SISTER BERGLIOT LARRSON

NOT MANY years ago private nursing was performed mainly by women who were without qualifications for the work, entirely without or with only a minimum of training and often standing on a low level. This state of affairs is now almost a thing of the past, but, naturally enough, this important and very exacting branch of nursing still suffers from the disadvantages of the former conditions.

We must also admit that private nursing was for a time, and in some places still is, neglected by the nurses themselves. Even at this day it may happen that even nurses of superior rank, when asked their opinion about a rather slow and untalented pupil, will answer: "She is not clever, but she will suit well enough for private nursing." I shall therefore speak a little about some of the things demanded of the private nurse, if she is to be of use in her work and shall find full satisfaction in it.

Many a nurse cannot think of engag-

ing in private nursing, although it is really a fact that every nursing sister derives benefit from it, seeing that this kind of work comes as a polish and relaxation after the more routine

methods of the hospitals. Private nursing gives the young sister just what is required in order that her training may be called complete,—it gives the finishing touch.

But it must be said at once that all are not suited for continuing to work at private nursing, as many nurses have not the adaptability or strong nerves required to stand going from place to place and the constant change of conditions of work, and, it may be admitted, there may be some who have not the dogged energy and clear-sightedness that are demanded when it is a question of keeping watch over oneself and of having to work for one's own self-culture and development.

The widely differing homes and persons with which the private nurse comes into contact make great demands upon her personality. She meets with

THE NURSE shall try to glide smoothly into the life of the family, to tend her patient with skill and care, and otherwise, if necessary, give advice, guidance and help regarding the comfort of the patient, the prevention of illnesses, and the care of children. From "Instruction for Nurses," Bureau of Nursing, Oslo, Norway.

¹From a paper read before the International Council of Nurses, Helsingfors, Finland, July, 1925.

excellent homes and bad homes, good tone and bad tone, kind-hearted courtesy and its direct opposite. Her intelligence and tact may therefore often be subjected to severe trials. She must also have the capacity to make the most of small facilities, to work in a practical manner and with fewer aids than she had previously been accustomed to.

PRIVATE DUTY NURSE MUST KNOW HER PROFESSION

The main requirement for private nursing is that the nurse shall first and foremost know her profession thoroughly, the only way in which she can attain the proper certainty in her work, that certainty which inspires the patient with a blessed feeling of security and which gives confidence. Only the well-trained sister, who through experience has developed her powers of observation and capacity for work, can be the good and intelligent helper for the doctor, who only pays short visits to the patient.

In private nursing the nurse, the patient and his environment come so near to each other that she has need of all her powers. Of equal importance with skill in her work is the possession of *tact and the true fineness of feeling that springs from goodness of heart*, and here she finds her best help in her own intentions.

The nurse must, obedient to the doctor's orders, always see that the curative treatment is carried out in the right way. In a private home nothing can be taken as a matter of course and the nurse must patiently feel her way and get the family to see how good it is to lay the chief responsibility in expert hands. It is here of no use boldly to

insist upon her rights, but she must by judicious management bring them to realize the necessity of the nurse's conduct and that it is dictated by consideration, not for the nurse herself, but for the patient.

The nurse must possess good understanding. She must try to realize the patient's state of mind and make herself acquainted with his interests, work and conditions of life. Here there is call for all a nurse's powers and interests. In the narrow circle of the home it will at once be felt if the nurse gives way to her antipathies and sympathies.

The nurse is often subjected to a most searching examination respecting her patient, the prospects of recovery, other cases of illness, etc. She may learn to "beat about the bush," but she must remember that only the *truthful* nurse can be sure of being respected. Great is the demand upon the nurse's *silence* and *self-control* and it is easy to understand that, especially in the beginning when all new impressions stream in upon her, she may many times be tempted to break silence, often from a natural longing to unburden her mind of the thoughts that seem to overload it, and interested companions are clever at drawing her out. Fortunately, however, she gradually becomes experienced and sees that it is not so difficult to bear things alone when it has become a habit to receive, conceal and finally to forget. This applies not only to confidences, but also to the various circumstances and people she comes into contact with. And it must be remembered that the private nurse more than other nurses has to contend with people's curiosity to know all about each other.

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Then we have the private nurse's position in the home. The private nurse often occupies a very difficult intermediate position. Fortunately, the right relations between patient and nurse generally soon arise. To win over the relatives is, as stated above, more difficult and takes a longer time. Then we come to the servants in the house, who must not be ignored either. The nurse must be just as circumspect with them as with the members of the family. She must be friendly and correct in her manner, must properly appreciate their work and try to be welcome in the kitchen and other places where they rule, but first and foremost she must not become too familiar, she must know how to preserve her dignity. To attain this end, she must not expose herself to criticism as regards cleanliness, order and conduct. She must be neat in her uniform and be attentive to her person and the necessary care of her body, while her clothing from the inmost to the outmost must always appear simple, solid and practical, never exaggerated, either over-elegant or slovenly. The nurse should know that, since her dress and appearance are exposed to criticism, she has the best of opportunities for giving a demonstration of healthy and practical clothing.

THE SOCIAL TASK

Too little weight has been attached to the private nurse's social tasks in the service of public health. She has an opportunity of working among those people and reaching those homes which in general lie outside the range of the social workers, homes which may well need advice, guidance and influence.

You will perhaps say that the most

of what I here have said applies not only to the private nurse but to all nurses, and that is true enough. But I would remind you of the more intimate relations in private nursing between the patient, the home and the nurse and of the sharper criticism she is exposed to. She is, so to say, placed under the microscope.

MOTIVES FOR CHOICE

I should also like to mention some of the motives that a nurse may have for choosing private nursing. There are some of the young nurses who think that, in a way, they disappear from sight in the great hospitals. Nursing turns out to be somewhat different from what they had imagined, and they long to try if they can find again something of the fairest part of the, perhaps slightly narrow, ideal they had when they went in for it. They have the feeling that they are not capable of accomplishing all that they themselves wish for the many, but better for the one.

Another motive is the desire for freedom. They have got a little tired of the hospital, tired of all these fixed hours, meals, etc. They wish to feel a little more free. I am not sure that private nursing, from one point of view, can offer them this. But as they work very strenuously and are not protected by rules to the same extent as hospital nurses, they must have their days of rest between the cases, and these free days may have much to say, especially if they live with their own people, often with an old mother. By living at home they can also give better pecuniary support. Many, too, think that they earn their money more easily. There

are, of course, many other different motives, but the above-mentioned are the three main motives.

CONDITIONS OF WORK

Then we have the conditions of work. In Norway these were some years ago rather bad. This came no doubt from the fact that many of the private homes did not rightly know where to place the private nurse and what demands could be made upon her, and it has taken years to create for her, so to speak, an established position in the private homes. It seems to me that we have now attained this and the private nurses have in general a comfortable position and are well treated.

What protection have the private nurses? In this question I must confine myself to the conditions in my own land, which however I believe are similar to those in other countries where private nursing is well organized, under the guidance of private institutions or the national organizations of nurses. The nurses work under the protection of their institutions and the various bureaus usually have regulations for the engagement, work, etc., of private nurses. It has, by the way, been frequently proposed in this country to bring private nursing in under the public labor exchanges. From this we can see that nursing can no longer escape from being subjected to political influences.

The Norwegian Nurses' Association has the largest bureau and I shall confine myself to its conditions and regulations. As soon as a nurse has taken up a case the bureau at once sends to the private home a list of rules as to payment, free time, rest, sleep and the

like. There has also been prepared a set of rules for the nurse's engagement and this sets forth the disciplinary conditions, helps the bureau to afford effective assistance and protects the nurse against the inclination to take too many days of rest. The nurse has also a prescribed receipt-book. There have likewise been drawn up instructions respecting the nurse's duties in the work of nursing and in the service of public health. The nurses are requested to keep exact accounts of their fixed expenses, since these are of great help in determining the remuneration. We consider that a nurse is diligent when she works for 9 or 10 months of the year, 2 or 3 months going to holidays and rest-days.

It is of great importance that there now are made arrangements for the private nurses invalidity and old age pensions.

MISUSE OF NURSES

In the good times we met with a misuse of the private nurse which hardly ever occurs now, and this was that people wished to have the trained nurse as lady-companion and still more often as children's nurse. This is now refused when there are sick people lying and waiting, for the sick have the first claim upon the nurse. An exception is made in the case of healthy nurslings when it is a question of weaning them. The trained nurse's task must here be regarded as an important preventive work and of great significance for the future welfare of the child.

I disagree entirely with the views advanced in America: "That it is a misuse of the trained nurse when she tends chronic patients and convalescents." As a nurse, I feel indignant at

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these statements, when I think of the often very difficult, careful and delicate nursing that the chronic patients require and of the convalescents' need for understanding and for the trained watchfulness against serious complications. It has been said that the trained nurse ought to keep to those cases that come under the heading of urgent and serious cases, such as pneumonia, operations and the like. Of course these must have the first claim upon her services, but I should feel pity for the private nurse who would keep going the whole year round from one serious and urgent case to another. How could she stand it? She is no more than human, as regards strength, and if she has the finer feelings of a nurse she will shrink from leaving her patient the moment the critical situation, from one point of view, is passed. She will realize that it is just in the succeeding period of weakness that all her help and support may be required. Her interest in her work will to some extent become weakened and blunted and she will get the feeling of being a machine that always has steam up for hard work and gets no chance of performing the more delicate and finer tasks.

In bad times, when the homes retain the nurse for as short a time as possible, we see a little of this and neither can we fail to note that the private nurses are worn out with their hard and irregular work.

In every land it is necessary to have a well-organized system of private nursing, not only for the sake of the private homes and especially of late years it has been seen that it is a matter of the greatest importance, for instance during epidemics, to have a movable

staff of well-trained nurses, trained to work both in the hospitals and in the private homes. In normal times they can be counted on for help in the hospitals in an emergency, to take the place of those who have holidays, etc.

THE FUTURE

It is my hope that in the future private nursing will occupy a very important position and not be regarded in such a one-sided manner as is now the case.

The Public Health movement is gaining victories all over the world and private nursing must be reckoned with as an important factor in the battle for improved health amongst the people.

An important question will be the organization of this branch of work, if sick-nursing comes to be a service provided for by public taxation. It, of course, depends upon the political developments in the different countries whether this matter comes up.

PROFESSIONAL INFLUENCE

When I deliver for my colleagues this lecture on private nursing it is in the hope of exerting influence in the following directions:

I. To get private nurses to see the range of their work and to be eager to develop themselves so as to be able to take up the various tasks.

II. To awaken interest amongst the nurses for this exacting branch of nursing, so that it will be a question for the young nurse, after she has finished her training, whether she shall select private nursing, not merely as the most practical branch for herself and her personal circumstances but as a rich field of work, in which she is interested and wherein she is impelled to do her best.

III. To increase, or perhaps awaken, the other nurses' interest and respect for the

private nurse's field of work, so that the latter can count upon meeting with understanding from her colleagues.

IV. To get the educational authorities in our training schools to think more about the requirements in private nursing, to take

account of these requirements and to get the pupils to realize the importance of the tasks offered by that field of work also and to teach them to carry out the work of nursing in the private home in the most practical manner and with few facilities at their disposal.

A CHEST SERVICE IN BARNES HOSPITAL

By ERMINE J. STEVENSON, R.N.

THE CLOSE combination of the surgeon and physician in chest work, whereby both see all types of chest cases, is a new idea in hospital work. One can easily see that better work is possible through such an arrangement. It should also be noted that general hospital facilities are not adequate for these special studies, but they could be obtained if the advantages were brought to their attention. It is with this idea that the paper is written.

For five years Dr. E. A. Graham, chief of the surgical staff of Barnes Hospital, and Dr. J. J. Singer, associate in clinical medicine, have worked together studying unusual lung conditions from the surgical and medical point of view. By devoting six mornings a week to selected chest cases certain new principles of diagnosis and treatment were evolved. The work was made doubly hard by the lack of facilities for detailed examinations which were necessary, so a centralized office was organized in the hospital in the fall of 1923 where the patients could be examined at the doctors' convenience. A fluoroscope was installed so that more time could be used in examining than was possible in the main X-ray department, to supplement the physical findings. The results are kept in a card file together with the X-ray and laboratory reports.

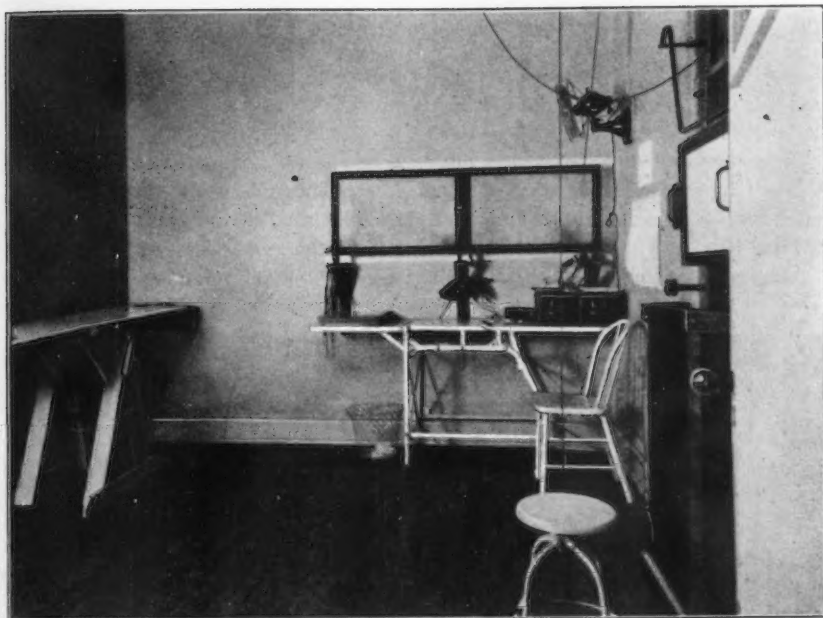
Perhaps the best idea of the work of the chest service can be obtained by following a patient. Mr. A., from the chest clinic of the Washington University Dispensary, is referred to the chest service. His clinic history and the X-ray plates, if they have been taken, are sent with him. A card is made out containing a short abstract of the O.P.D. history and any additional information needed. A physical examination is made and the findings recorded. The patient is then fluoroscoped and the findings correlated with the results of the physical examination. We will say that Mr. A. gives a typical picture and history of bronchiectasis and is miserable, uncomfortable and desires relief. Arrangements are made at this time to enter Mr. A. in the hospital and postural drainage, which is a means of draining the bronchial pus pockets, is given twice a day, under direction of the special nurse of the chest service. This often affords him a great deal of relief as the cough and expectoration are decreased and often eliminated between the periods of drainage. Mr. A. is given bed-rest, high caloric diet, and is encouraged to undertake some light work under the direction of the occupational therapist to help his mental condition.

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Showing the fluoroscopic room which was made out of an abandoned trunk room. At present it serves as an office.

a record of the amount and nature of the sputum is kept. The routine blood and urine tests are made and the progress of the bronchiectatic lung is watched by repeated examinations. Numerous X-rays are taken in several positions in order that the clinical course may be correlated with the X-ray findings.

In many cases of bronchiectasis a pneumothorax is indicated. A diagnostic pneumothorax is performed on Mr. A. which shows adhesions between the lung and the chest wall. Further treatment of this sort is thereby contraindicated and Mr. A. is transferred to the surgical service in preparation for an operation. Dr. E. A. Graham's successful cautery pneumectomy operation for lung abscess and bronchiectasis has been fully described and the results

tabulated elsewhere,¹ so there is no need to repeat it here. After the operation Mr. A. is brought up to the chest service frequently for examination under the fluoroscope in order to discover post-operative conditions such as spontaneous pneumothorax, empyema, or improper drainage. If any of these are present, they are cared for in the usual way.

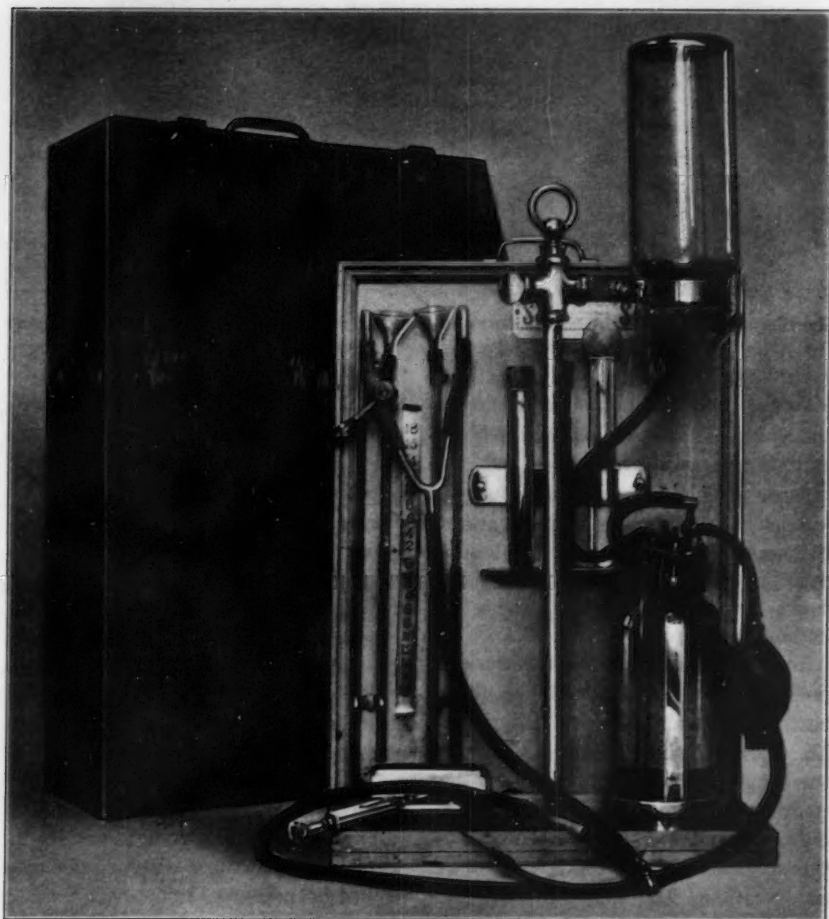
The principal pre-operative nursing care for this type of patient is rest, high caloric diet, chest binders applied tightly to give support during the paroxysms of coughing, and a cough mixture. The important thing is to watch for hemorrhage which can be controlled by pressure.

¹Graham, E. A., Cautery Pneumectomy for Chronic Suppuration of the Lung: A Report of Twenty Cases. Arch. Surg., vol. II, 10:392, Jan., 1925.

The wound is kept wide open to facilitate free drainage and to permit further cauterization, if necessary. These large openings heal with very little deformity. A small bronchial fistula may remain, but it seldom causes any discomfort and can be closed when conditions warrant.

The cases passing through the chest

service comprise empyema, lung abscess, bronchiectasis, lung tumors, foreign bodies in lungs, pleural effusion, and tuberculosis. There have been several interesting cases of sub-phrenic abscess, carcinoma of the lung and spontaneous pneumothorax, besides the usual cases seen by chest specialists, emphysema



The pneumothorax machine used by Doctor Singer. A valve on the lower bottle allows for the refilling of the upper, thus eliminating the necessity for 1,000 c.c. bottles. The machine is carried in the case shown and the weight is 12 lbs. when packed for treatment.

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Illustrating bronchial aspiration. Notice the wide opening allowing free drainage. The exposed surface is lung tissue containing many open bronchioles.

and cardiac diseases with hydrothorax and edema of the lungs, and post-operative pneumonias.

PNEUMOTHORAX

There are several treatments given in the chest service which are important in the work of Doctors Graham and Singer. The first is the use of pneumothorax. This treatment is used to put the affected lung at rest in tuberculous patients. In bronchiectasis, pneumothorax causes a compression which in turn brings about the contraction of the affected lung. It causes a collapse of the lung tissue thereby emptying the pus pockets resulting from the bronchiectasis. Artificial pneumothorax is also a

preparation for surgical intervention as it discloses adhesions between the lung and chest walls.

Another important use of pneumothorax is for diagnosis when the X-ray picture is obscured by fluid. A small amount of fluid is withdrawn and a corresponding amount of air is introduced, thereby changing the picture so that a better analysis can be made from X-ray plates. This air can be withdrawn after the desired information is secured. By this means lung tumors, encysted pockets of fluid and adhesions are more easily discovered. Pneumothorax is used to control hemorrhages in acute cases of lung abscess just as in hemorrhages from tuberculosis.

BRONCHIAL ASPIRATION

Bronchial aspiration is used in post-operative cases of lung suppuration. A bronchoscopic tube (see illustration) is attached by rubber tubing to an aspirating machine. The tip of the aspirating tube is inserted a short way into open bronchi which have been exposed by a cautery pneumectomy. The pus in the bronchi is drawn into a bottle, thus saving the patient the effort of emptying by coughing. This treatment facilitates drainage and keeps the wound cleaner. Instead of inserting the tube into the lungs through the mouth as in a bronchoscopic examination, it is introduced directly into the bronchi through the chest opening.

POSTURAL DRAINAGE

Postural drainage is a method of emptying the accumulated pus from the lungs of patients suffering with bronchiectasis and lung abscess. By means of a specially constructed table the patient is placed head downward at an angle of about 45 degrees. By maintaining this position for a few minutes and by coughing, a satisfactory emptying is secured. The pus may drain at once or not until some time after the treatment. Care should be taken not to hold the patient in this position too long at a time lest hemorrhages result from the strain. This treatment may be given three or four times a day.

THORACENTESIS

Thoracentesis is used as a diagnostic agent in cases which show signs of fluid. By moving the patient under the fluoroscope in different positions a characteristic change of levels can often be observed. By means of a two-way "T" valve, fluid can be emptied from the

chest without separating the syringe from the needle, thereby preventing the entrance of air. The fluid withdrawn is examined for tubercle bacilli, pus cells and is also cultured. The use of the pneumothorax with the thoracentesis as a diagnostic agent has been described above.

THORACOSCOPE

The use of the thoracoscope is as yet little more than an experiment. Doctor Singer has designed an instrument constructed on the principle of a cystoscope which can be introduced into the chest through a small incision. By means of a small electric light and a magnifying lens small areas in the chest can be visualized, noting the character of fluid, nodules, patches on the pleura, and other pathological conditions. By using a valve arrangement, bronchoscopic instruments can be introduced to remove sections and to cut adhesions. Fluids also can be drained, replacing them with air. The thoracoscope offers a means of exploring the pleural cavity through a small opening without rib resection.

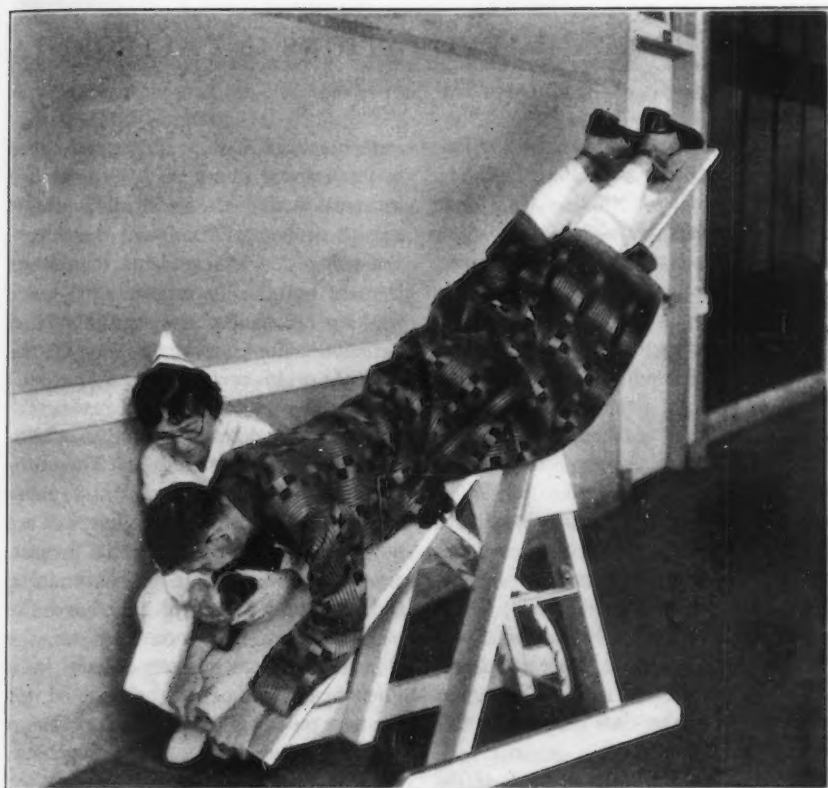
HELIO THERAPY

Heliotherapy by means of the quartz light as well as the sun is used extensively on post-operative cases. Wounds with a foul odor improve remarkably, the discharge becomes freer and granulation is stimulated. A general body radiation is given, gradually increasing the time of exposure with an additional application directly into the wound. Heliotherapy is always given to cases of tuberculous sinuses and tuberculous enteritis.

CONCLUSION

New treatments and new methods of diagnosis are being evolved from the

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Postural drainage. The entire operation is easily performed by one person.

work on the chest service. This makes this department very essential to the School of Nursing. These treatments are taught to the student nurses so that they may be conversant with the latest improvements in the treatment of these heretofore hopeless cases. Many of these treatments are too recent to be in print, but having been fully tested here, one feels that they represent a decided step forward. The Washington University School of Nursing arranges the time of its pupil nurses, so that each may serve a short period on the chest service. There is a close coöperation between the Washington University School of

Medicine, School of Nursing and the Barnes and Saint Louis Children's Hospitals, all four of which are decidedly benefited by such an arrangement. All departments are free to make use of the chest service when treating an unusual condition of the lungs. It is only by such concentrated efforts that progress can be made and this has been accomplished.

TEAMWORK

A committee of Massachusetts nurses and physicians is formulating standards for prenatal and obstetric nursing for the nurses of the State Division of Child Hygiene. Dr. Mary Lakeman is chairman of the committee and Dr. Robert L. DeNormandie is advising.

JUNIOR COLLEGE AFFILIATIONS IN CALIFORNIA

I. IN PASADENA

BY EVELYN L. CHILDS, R.N.

FOR SOME time past, the preliminary students of the Pasadena Hospital School of Nursing have gone to the Pasadena High School for their course in Chemistry. When, therefore, the Junior College was established last fall as an enlargement of the High School, a closer affiliation was not difficult. With the admission of the fall class of 1924, a definite affiliation was formed. From the beginning there has been the enthusiastic cooperation of college and hospital authorities. The preliminary students attend the college for three hours each afternoon, courses being given in Anatomy and Physiology, Chemistry (including Solutions), Bacteriology and Physical Education. Credits for these courses are being evaluated, so that a student who may wish to enter a college at a later date may apply this work toward that end.

In order to correlate the work of the college and that in the hospital more closely, a nursing instructor from the hospital has been in attendance at the college classes. She not only works with the instructors to emphasize the points in subject matter which will be of most advantage to the nurse in her work, but serves to make the students feel the real significance of each fact learned. We have been exceptionally fortunate in having instructors at the college who miss no opportunities in making important correlations, and who take great interest in visiting the hospital from time to time so that they may visualize more clearly the needs of the students. Several interesting projects have been carried out. Sterile agar Petri plates

were prepared at the college, and taken to the hospital where they were exposed in many locations. Upon all a prolific growth of bacterial colonies developed. Following this, the students themselves brought out the importance of a nurse washing her hands between the care of patients, before serving a tray to the patient, or in carrying out any treatment. They were made to realize the importance and true meaning of sterilization, and contamination. The antiseptic and disinfectant values of many of the solutions used at the hospital are now being tested. As a special project, several of the students are determining the minimum length of time, and the percentage strength necessary for the clinical thermometers to remain in a Phenol solution before being used for the next patient. Pathogenic organisms are being used in this experiment. Whenever possible material is taken from the hospital to the college for use in the classroom.

In Anatomy and Physiology, the students have studied muscles as levers, and have learned to calculate the force exerted on the different muscles during various activities. This was related definitely to many of their practical procedures in the hospital, and problems discussed concerning the lifting of patients. They have learned to make their own blood groupings, to estimate hemoglobin percentage, to carry on the entire procedure in making a red and white blood cell numerical count. The result is that the patient's chart has a much more vital meaning than could otherwise have been obtained. A

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demonstration of pulse tracing by the Sphygmograph was given. Both the normal and abnormal conditions were studied, and the variations from normal noted in hospital patients. Dissections of the frog, guinea pig and cat have been carried on as the different systems were studied. In Chemistry, the students have prepared the solutions actually used in the hospital, and have also studied the analysis of urine. In this the hospital laboratory sheets served as a guide. Further correlation is sought at the college so that the general subject matter in the different courses may interlock as far as possible.

The instructors at the college were invited to attend a demonstration given by the roentgenologist at the hospital. The anatomy of the intestinal tract had been studied at the College, as well as the colon bacillus and its normal habitat. In their classes at the hospital, the students had learned to give an enema. With all the instructors and students present, a Fluoroscopic examination was made of a student while an enema was being given to her. Many points in anatomy were noted, as well as the proper methods to use in giving an enema. The correct amount of fluid to use was emphasized, as well as the dangers in allowing the contents of the large intestine to enter the small intestine due to bacterial content.

Such a close affiliation has many advantages. The students are considered as regular Junior College students, enjoying the same privileges, wearing the same uniform, and securing a taste of real college life. Moreover, when the intelligence tests were given at the college,—the nursing students were included. Of especial value is the

splendid equipment which the Junior College affords,—equipment which few nursing schools, I am sure, could supply. Generous the number of charts, models, microscopes, and lantern slides provided, as well as many kinds of apparatus to carry on experiments and demonstrations. In addition to the three laboratories actually in use by the students in their three courses, recourse is had to any other laboratory in which there may be carried on, at the time, something of value in their work. Especially has this been true of the Physics laboratory. The library, too, is at the students' disposal where they may obtain many science books not on hand at the hospital.

Many fundamental habits are being formed. In each class accuracy is regarded as paramount. Fluids are measured with the utmost care, and recorded,—correlating this with the need of carefully recording the intake and output of the patient. Stoppers are properly removed from all test tubes and bottles, showing the need of this same technic later in pouring medicines. Any mistake or accident must be reported at once to the instructor. Orders given clearly are not repeated, and must be carried out with precision. "To think" is their motto. Each student must wash her hands before leaving any laboratory, no matter what the materials handled, as everything in the laboratories is regarded as a possible source of infection. Thus is this same need emphasized in each department of the hospital. With a thorough foundation firmly laid during the first months of the student's training, it seems inevitable that greater care and accuracy will be the result as the student advances in her course.

II. IN RIVERSIDE

BY DOROTHY KOETHEN, R.N.

THE COÖPERATIVE plan of education, better known perhaps as the Antioch plan, seems peculiarly well adapted to the education of nurses, many of whom find it inconvenient or impossible to spend three or four years in college before beginning their professional training. In Riverside, where conditions are rather more favorable than usual for such an enterprise, because of its excellent Junior College, and its distance from other colleges and hospitals, a plan of affiliation between the Community Hospital School and the Junior College has now been on trial for twelve months and the faculty are ready to commend it heartily.

The chief feature of this plan is the alternating periods of practice and study, six weeks for theory, and six weeks for practice. Suppose, for example, ten students enter training in September and elect to try this coöperative plan. They are divided into two groups, A and B. The five students in Group A are sent to enroll at the Junior College, and take full work there for six weeks. The five in Group B remain at the hospital taking regular hospital training in practical work. At the end of six weeks Group A reports at the hospital and Group B at the College, where each repeats the work just completed by the other group. This rotation is followed throughout the year, each group having three six-week periods at the college, the equivalent of half a school year. All vacations from school are spent at the hospital with the exception of two weeks yearly. At the end of three years the student is granted a diploma from each institution.

The student is a regularly enrolled student of both college and nursing school, and is responsible to both for theory and practice. The instructor in the nursing school keeps track of the college work, attending classes when possible and helping the students with their assignments. At the end of each hospital period an efficiency report is sent by the hospital to the college. Coördination is the aim of both institutions, and every effort is made to this end. In return for the girls' services the hospital provides board, room and laundry for the entire time, and gives a small allowance during the working periods after the first four months of preliminary work.

Prescribed subjects in the college course are: Anatomy, Physiology, Bacteriology, Chemistry, Sociology, English, Psychology, Citizenship and Physical Training. This leaves some time for electives. The strictly nursing subjects are taught in the hospital by physicians and instructors, but some college credit is given for them, in order to round out the college credit for two years' work. While the student is registered as a student at the college, she is also expected to attend any required classes which may be in progress at the hospital, excepting only the classes in practical procedure, which are given to each group separately.

A carefully worked out schedule shows that in a total of 156 weeks, 54 will be spent at the college and 96 at the hospital. While the student is attending college no time is spent on duty at the hospital, not even on weekends, though these might be used if

necessary weeks spent time, with each of the nursing course time for some regular hours. California weeks, in this plan outcome.

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necessary for making up time. The 96 weeks spent in the hospital give ample time, when carefully apportioned, for each of the major services, including the nursing of children, and allows a little time for work in the county clinic and for some administrative experience. The regular basic course required by the California State Board of Health is 120 weeks, but the Board has approved this plan and is greatly interested in its outcome.

The special advantages of the above plan would seem to be:

1. The saving of time. The student is able to complete in three years two courses which might otherwise require four and a half years of her time.
2. The opportunity for higher education set before the girl who would like to go to college, but cannot afford to spend the time and money for a regular college course.
3. The better class of student attracted, which means in the end a more efficient and intelligent nurse.
4. The better development of the woman as well as the better equipment of the nurse.
5. The social advantages the student is able

to enjoy as one of a group of college students.

6. The strengthening of the bond between hospital and community, through increased mutual understanding.

7. The interest and enthusiasm of the student, which all too often wane during the second year, are kept up by the occasional changes of occupation. The time for practical work is not as badly broken up as might be thought, for many of the regular practice periods connect with the school vacations. In fact, there is one 26-week period of uninterrupted practice, besides two 13-week periods.

The cost to the hospital of the affiliated student for the whole three years is only \$200 more than the cost of the student nurse in regular training, whose allowance is larger, and is less than the cost of a graduate nurse for the same period.

We do not claim that this affiliated course is superior or equal to the five-year course given by some schools in affiliation with colleges. What we claim is, that for the girl who cannot afford or perhaps does not care for the longer course, this affiliated course is well worth while.

MAKE YOUR INCOME SERVE YOU

BY EDITH CHARLTON SALISBURY

First Article

WHEN YOU have come to the end of three financially lean years in a school for nurses and find yourself a full-fledged nurse, privileged to write R.N. after your name, and have temporarily placed in your pocketbook the check for your first case, you are entitled to feel, for a few days at least, that you are in the near-millionaire class. Perhaps the check is for \$168, for it was a four-week case. Oh, Girl! What a delirious time you will have spending

those dollars for things you were forced to do without when your hospital allowance was \$10 a month!

But perhaps you have been writing R.N. after your name for some time, possibly for several years, and have grown accustomed to fairly frequently pocketing checks of three figures, and yet for some reason or other, your bank account fluctuates sadly and there is always something really important you want to buy and can't afford. You

have learned, too, that your income is not as magnificent as you thought it would be until you discovered that you cannot be on duty every day in the year. There must be occasional rest periods, days when you must attend to personal affairs and also the next case is not always calling you the moment you have said good-bye to the last. There are forced periods of waiting. Still your record book or your check book shows that considerable hard-earned cash has been yours during the year. Why has it not accomplished more for you? Why did it vanish as rapidly as the morning dew and like it leave so little trace? The honest explanation is that handling an income, be it large or small, is like building a house or making a dress, the results are more satisfactory and more what you anticipated if you have worked according to a specific plan. You wouldn't attempt to build a house until you had approved an accurate plan with complete specifications, or you wouldn't cut into the material for a new dress without having first selected your pattern, tested pattern with material and fitted both to your figure, that is you wouldn't if you are careful and particular about results. For the same reason one cannot expect the best results from an income if it is handled without a plan.

A PLAN FOR SPENDING

A plan for spending money, either by the individual, family, institution or nation, in present day terminology is called a budget. Simply stated, a budget is a plan made in advance for using one's income. There are a number of suggested budgets available, probably all of them having proved more or less

satisfactory to the persons who planned them, because they have tried them and made them fit their particular needs. But they might not fit *your* needs, more than likely they would not. A ready-made budget is like the ready-made garment, it is often only satisfactory after alteration. A budget made by some one else can only be acceptable to another after it has been made to fit his particular needs.

A budget which fits your particular needs is an intimate, friendly, personal thing. It must be flexible, it must fit your special requirements. Twenty people may have exactly the same size income, yet the same budget will not fit any two of them. The mode of life, the type of mind, the age, the needs and the aspirations will make the budget of each of the twenty persons an individual affair—if it is to be of any real use to each one. I can imagine that the needs of the graduate nurse differ greatly from those of the woman who spends her days in a business office, vastly different from the woman whose work requires constant traveling, or the teacher, or the woman in the home. Because there are these differences, because there cannot be a standard budget, I want to give you a few suggestions that you may take as the several pieces of a dress pattern—enlarge here, shorten there, lengthen some other place—and from these suggestions make a budget that will fit your own requirements and be in line with your income.

A CURE FOR RESTLESSNESS

But perhaps you say "Why a budget? It won't guarantee that my income will be sufficient to supply all my wants." No, a budget won't do that, but it may

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help you to determine what you need most and it may, and undoubtedly will, give you a certain peace of mind because you will know you have done your best with the materials at your command. A satisfactory budget, doing active and regular service for its owners, is an indication of an orderly life that in itself is stabilizing to the individual and to the community.

Have you considered the cause of the restless condition in which the world finds itself at present? It means for one thing that every one, rich, poor and middle class, is groping for the thing that will bring happiness. Granted that there are as many kinds of happiness as there are people and that at best happiness is only relative and depends more on the state of mind than on actual conditions, we must admit that average people such as you and I, are happiest when their lives are well ordered. That individual is more likely to be contented who has adopted some definite plan of life and who knows that he is deriving the maximum benefits from the particular worldly goods he possesses. The plan of life indicates that he has budgeted his resources not only of money but of time and effort.

ARE YOU SUCCESSFUL

And now to the budget. You must bear in mind it is first a statement of income and later an analysis of expenditures as well as an honest expression of one's aspirations. A budget must allow for more than the immediate and material things of life. Every one has aspirations for the future. What are yours? If you are self-supporting, your budget must take your ambitions and your dreams into account else

you will not be satisfied. Perhaps you have an ambition to accumulate a reserve that will provide financial independence and comfort in old age, perhaps you want additional educational opportunities, possibly you want to travel. Whatever it is that you want for the future, your budget should plan very definitely and clearly for it. Then there are the every day, material things of life, as food, clothing, shelter and the daily cost of just living. These must be provided for, each item being given a definite place in the budget. Then there is one other important division which should be decided upon and set aside first of all, that is the amount that is to be put into a permanent saving fund, it represents the substance that is to make those dreams of the future come true. What that amount should be is for you personally to decide. It will depend somewhat upon what your aspirations are and it will also depend considerably on how you can adjust the other items of living. It is generally stated that the minimum amount for permanent saving ought not to be less than from 10 to 15 per cent of the total income. J. J. Hill, the railroad magnate, who began life a poor boy and finished it as a millionaire because he very early in his career learned the lesson of saving, had this to say:

If you want to know if you are destined to be a financial success or not you can easily find out. The test is simple and infallible. Are you able to save money? If not you will lose, you may not think so, but you will lose as sure as fate for the seed of success, which is saving, is not in you.

So save we must. Shall we say 15 per cent of the year's total income is not too much for the illustrations to be used in this article?

The average yearly income of the private duty nurse cannot greatly exceed \$2,000. At \$6 a day, which I am informed is an average fee throughout the country, she cannot make more than \$2,190, if she worked every day in the year, which she cannot for various reasons. The special cases of which she may have a limited number each year and for which she may be paid \$7 or \$8 a day will offset some of the idle time, so that she may be reasonably sure of \$2,000 a year in cash. Interest on investments or any other funds outside professional fees should be included in the total income.

A simple outline which has frequently served as a basis on which to estimate one's expenditures and which may contain some helpful suggestions for you is the following:

1. Estimate the total income from all sources, such as salary or fees, interest on investments, money equivalents, gifts, bonuses, etc.
2. From this amount deduct the sum that must be paid in income taxes.
3. Subtract the amount you intend to save. The balance will be the working income, that is the amount that can be used for living expenses.
4. Divide the working income into five equal parts, namely food, clothing, shelter, personal expenses and advancement—or call it self-development, if you prefer.
5. Estimate your ordinary expenditures for the year. If you have kept accounts in the past this will not be difficult and will be invaluable in adjusting the estimates allowed in each division.
6. Enter the estimates in an account book. Keep the items of each estimate on separate pages.
7. Add the totals of all estimates. The result may show that the total of all expenditures is more than the working

income but adjustments may be made after accounts have been kept for a few months.

8. If the estimates exceed the working income, study each item to find where some expenditures may be reduced. This, of course, can only be satisfactorily done if accounts were kept last year.

9. Divide the amount allowed for each division by twelve and enter the results in a monthly account book under the heading, "Budget Estimates for Each Month."

Although the private duty nurse cannot be sure of the same income each month she will find it possible, after she has been nursing a year or two, to determine a monthly average and when she can do this she will find it a comparatively simple matter to follow a budget plan in handling her income.

Article II will appear in the December *Journal*.

NURSING IN BOLIVIA

The Eighth Anniversary Bulletin of the Bolivian Red Cross gives an account of the opening of a Dispensary in January of this year at La Pax, and of the installation, at the same time, of a training school for nurses, a continuation of a work begun in 1917.

Ten pupils with the desired qualifications were admitted. The doctors are giving their services as instructors in Surgery, Anatomy, Physiology, Hygiene, Puericulture, Bandaging, Medicine and First Aid. Madame de Mollinedo, a Red Cross Nurse from the United States of America, is to give the training in bedside nursing.

The program of the School has been carefully planned and is based upon the methods and curricula of the best training schools. Work is also being carried on in connection with the newly opened dispensary.—*Information Bulletin, League of Red Cross Societies.*

SIMPLIFYING NURSING TECHNIC

At the Massachusetts General Hospital, the use of sheets for draping for catheterization has been abandoned. Laparotomy leggings save effort for the patient and time for the nurse and are thoroughly efficient with the use of one towel to complete the draping.

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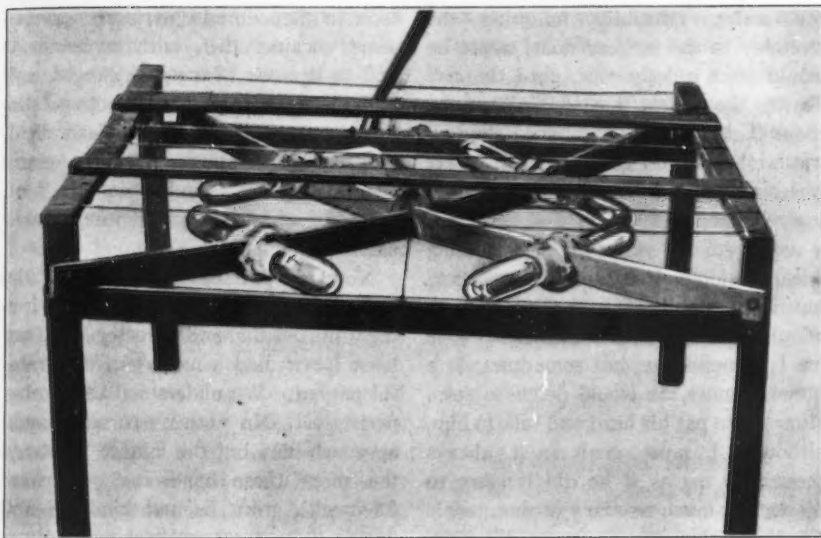
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EQUIPMENT FOR SWEAT BATH



ELECTRICAL APPARATUS FOR SWEAT BATH, JOHNS HOPKINS HOSPITAL

The sweat-bath apparatus in use at the Johns Hopkins Hospital is a frame made of non-inflammable red-fibre, the dimensions being 20" high x 28" wide x 34" long. The upper part of the frame is fitted with eight 120-watt carbon electric bulbs, with cord and attachment for turning on and off the heat, which hang outside the covers after the bed-clothes are adjusted over the top of frame in giving a treatment.

This appliance was made in the hospital shop and the approximate cost was \$25.

DOCTOR TED'S LAST EMERGENCY¹

BY MAX MAXWELL

A WAY UP in one of our grand old northwestern states lies a city of much renown, entirely surrounded by magnificent, lofty mountains and in this city, at the foot of the richest hill in the world, stands a stately brick building known as the City Emergency Hospital. Could its walls speak, they would tell many an interesting, weird or sad tale of the happenings during the long night watches, when white uniformed nurses were on duty, ministering to the wants of the injured, sick and dying. It was

there, during my sojourn as Superintendent, that I met Doctor Ted, who was one of the noblest and truest of my life friends; he was a large Airedale, about a year and a half old, when I first knew him, with a medium brown coat, and the most humane, noble eyes I have ever seen in an animal, or few people, for that matter.

As a puppy, Doctor Ted had started going on the ambulance, with his master, who was an intern in the hospital; therefore emergencies were not new to him. It was a usual thing for Doctor

¹Copyright applied for.

Ted to go up on the elevator, or climb the stairs, faithfully following the stretcher to the Surgery door, where he would often quietly wait, until the cart bearing the patient was wheeled into the room then, apparently satisfied that all was well he would go quietly away. It was because of these traits that we lovingly dubbed him Doctor Ted. He was a very stoical reserved dog making friends seldom, if ever, with strangers; but after awhile Doctor Ted sort of adopted me. Why he learned to love me I do not know, but sometimes, in a bored manner, he would deign to stop, allow me to pat his head and talk to him, although I must confess, it always seemed to me as if he did it more to please me, much as many strong people do, than from any desire on his part.

Just outside of the Surgery door was the second floor emergency gong, which was worked with a lever, and rang in my office. No occasion for over sleeping when that was ringing! One afternoon I heard a funny little clicking of this bell, and thinking perhaps some patient had wandered into the corridor, and grown ill, I left my office, intent upon investigation, when to my surprise I met Doctor Ted, holding up one front paw from which the blood was flowing freely. I shall never forget the look in those big eyes as I took his wounded foot in my hand and said: "Doctor Ted, so it is you who is my patient"; just a little whine as much as if to say: "I'm so glad I found you, I know you will help me."

I took him into the dressing room, applied a tourniquet about the leg, took a basin and sterile water and as gently as I could washed the wound, finding three metatarsal bones fractured,

and a deep incision across his foot; I took a hypodermic syringe, injected some cocaine, then with a hemostat and a ligature of catgut, caught and tied the vessels, gradually loosened the tourniquet and finding a clean field, reduced the fractures, put in a gauze drain, took ten stitches in his foot, applied a splint, and put it in a window cast.

Now my patient was ready for the cart. No patient was ever more lovingly nursed than was Doctor Ted, nor have I ever had a more patient, grateful patient. We understood each other perfectly. No other person could approach him, but the minute I entered the room those handsome eyes were filled with gratitude and kindness and during those three weeks I many times found myself wondering if dogs do not have souls. We often wondered how Doctor Ted rang the gong, but I believe he pushed the lever with his nose or foot; at any rate he knew how to call for help. When he had recovered, he seemed always to want to stay near me, and his trips on the ambulance grew fewer and fewer, whether because it was there he was hurt, or because of some unforeseen feeling, or presentiment of danger he had for me, I do not know. I prefer to believe the latter.

At Christmas time his master sent him to me with a note in his mouth which read as follows: "Will you accept Doctor Ted as a Christmas present, I believe he would be unhappy without you, and I haven't the heart to take him from you for I know how you love him, and I believe he is your dog.—His Master." Always Doctor Ted was near me, if I went for a walk he was at my side, if I went for a drive he was on the seat

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beside me. Eighteen months later I was working on reports and as usual Doctor Ted was with me. All afternoon he had seemed restless, would come over, lick my hand, and whine and did not seem to be easily comforted by my voice. At seven o'clock I again heard a peculiar ring of the gong, and Doctor Ted howled, something I had never heard him do before; I bade him lie down, and answered the call.

There in the corridor stood a poor, emaciated, wreck of humanity, the result of cigarettes, alcohol, drug, and a misspent life. As I approached him he demanded that I give him drug and a drink; I talked to him a few minutes, asking his dosage, etc., while he pleaded, cried and demanded that I grant his request. I told him he must go to bed, and I would call the Doctor, but his poor tortured, crazed body and mind were beyond all reason; I saw him raise his hand and point toward me. As if by magic Doctor Ted sprang from somewhere, I know not where! I saw him spring, heard him growl, then dog, man and gun had gone down! I was saved, and as I raised my dear old pal's head in my arms, his great eyes gave me one loving look of triumph. He had answered his last emergency! A doctor and a nurse spoke to me and I arose. The nurse instinct had returned, I helped put the patient into bed, and into restraint. The next day we buried Doctor Ted in a spot we loved, out where the purple sage grows. If you go there today you will see a mound and a plain slab with this inscription: "Doctor Ted, who gave his life in service to the Medical Profession. 'Greater love hath no man than this, that he lay down his life for a friend.'"

Out of love for Doctor Ted, and because it is my confession of faith as a nurse, for nine long weeks I worked, fought, and lost sleep, to restore that poor wrecked body and mind to the semblance of manhood. I am thankful to say he recovered—left the hospital a cure—and I do not believe he felt I held any malice, unless it was because I absolutely refused to allow him to mention Doctor Ted.

Doctor Ted's was the Great Heart, and he did not live in vain—I only hope my own life's work may end as gloriously as did his.

PROGRESS IN FRANCE

In connection with the fact that among the associations of other countries, the National Association of French Graduate Nurses was accepted as a member of the International Council of Nurses at Helsingfors, it is interesting to note that the first inspector of schools for nursing in France has just been appointed. Mlle. Jeanne de Joannis, the Directress of the school of nursing commonly known as the rue Amyot School in Paris, has recently been appointed by the State Committee for the Improvement of Nursing under the Ministry of Hygiene and has already commenced her duties by an inspection of the school of nursing in Lille where two graduates of the Florence Nightingale School at Bordeaux are directrices. Now that the State Committee has a program of study which it is necessary for a school to follow in order to receive the diploma of the State and also an outline of the necessary practical work, the suggestions that the new Inspector of schools is going to make to individual schools, for meeting the State requirements, are going to have far reaching effect. The fact also that there now exists in France an Association of the Directors of the schools of nursing at which such important subjects as the curriculum is discussed, and the possibility of establishment of central schools is also an indication of the rapid strides that the profession of nursing is making in France. Mlle. de Joannis is continuing her connection with the rue Amyot School as Directrice and plans for its closer liaison with the public health nursing work in Soissons are rapidly developing.

OPPORTUNITIES FOR NURSES IN TUBERCULOSIS WORK¹

By J. A. MYERS, M.D.

EVERY NURSE in the practice of her profession must come in contact with tuberculous patients, no matter how hard she tries to escape them. Tuberculosis attacks people in every age of life, in every walk of life, and is capable of attacking practically every organ of the body. If one becomes a pediatric nurse, tuberculosis in children is encountered; if one becomes a surgical nurse, tuberculosis of the bones, joints, peritoneum, lungs, etc., is encountered. If one becomes an obstetrical nurse, tuberculosis is encountered, since the existence of tuberculosis in pregnancy is not uncommon. If one becomes a general duty nurse in a hospital, tuberculosis is encountered. If one becomes a private duty nurse, tuberculosis is encountered; and so on through all the phases and specialties of nursing it is impossible to escape the tuberculous patient.

Obviously, therefore, every nurse should gain as much information as possible about tuberculosis while in training in order to be able to render her best service when called upon in later life to care for the tuberculous patient. She must understand that she is dealing with a communicable disease, the transmission of which is well understood. Therefore, the prevention of the

spread of tuberculosis to her own body or to that of other persons is easy when the proper technic is used. Many nurses in training as well as graduates have a great fear of tuberculosis because they do not understand it. They have had no instruction except that given by persons who are unfamiliar with the disease.

TUBERCULOUS INFECTION AND TUBERCULOUS DISEASE

Then the nurse must know the difference between tuberculous infection and tuberculous disease. It is frequently stated that 80 to 90 per cent of children become infected before reaching the age of fifteen years. Those figures were taken from great cities, such as Vienna, where civilization is old and where there is much crowding and intimate personal contact. With the evidence at hand, we believe these figures are far too high for the total population of our own nation. Anyway tuberculous infection simply means that germs of tuberculosis have entered the body at some time. It does not mean necessarily that the person infected ever has had or ever will have tuberculous disease. Indeed, in most cases the germs have been brought under control by the resisting forces of the body. The person with tuberculous infection may not even be aware of ever having come in contact with a tuberculous patient. Most of these people are healthy and lead perfectly normal lives. Indeed, we are beginning to believe that the person with simple

¹From the Department of Preventive Medicine and Public Health, University of Minnesota and the Lymanhurst School for Tuberculosis Children, Minneapolis.

Presented before the senior pupil nurses of the Schools of Nursing of the Twin Cities (St. Paul and Minneapolis), December 15, 1924, and October, 1925.

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tuberculous infection may with proper care be less likely to die of tuberculosis than one who has not been infected. In other words, the one with simple infection has developed some immunity whereas the one without simple infection may have no immunity. Therefore, the latter coming in contact with virulent, or large numbers of tubercle bacilli may be unable to resist them and die of rapidly progressive tuberculosis. The following case illustrates this point: A young man of twenty-five years had reached the senior year in a school of medicine. He had been exposed to tuberculosis through a brother who had died of that disease a few months before, but two previous examinations had revealed no evidence of tuberculosis. Although he had taken courses in tuberculosis he worked two weeks with a high fever before reporting for examination. The examination then revealed definite disease of the upper lobe of the left lung. Although all known treatment procedures of value were employed, the disease spread rapidly through both lungs and death occurred in three weeks. This patient apparently had no resistance to tuberculosis. Now, it so happens that only a small percentage of all persons with tuberculous infection go on to tuberculous disease. That is, they do not have enough resistance to hold in check the tubercle bacilli. The germs proliferate and cause destruction of the tissues about them. The proliferation of germs and destruction of tissues take place with varying degrees of rapidity. In some cases the process is a very slow one. I recently examined a man who was known to have had active tuberculosis for the past twenty years. He was suffering from chronic

fibroid tuberculosis or the kind the laymen speak of as old fashioned consumption. In other cases the process is very rapid, often leading to the death of the patient in a few weeks or a few months. Such patients are said to have acute tuberculosis, the kind the laymen speak of as quick consumption or galloping consumption. Where there is a multiplication of germs and destruction of tissues, there usually appear symptoms such as fever, rapid pulse, loss of weight, loss of strength, cough, expectoration, etc. When such processes exist, the person is said to have not only tuberculous infection but also tuberculous disease. In this connection the fact which requires emphasis is that many people have tuberculous infection, but only a relatively small number go on to tuberculous disease. In this country it is estimated that there are 1,000,000 cases of active tuberculosis, but one must remember that our entire population exceeds 100,000,000.

Then the nurse must know that tuberculosis is a curable disease. Some of you are asking why people are dying from tuberculosis in large numbers, if it is curable. I will answer in part by asking you why people die of smallpox and diphtheria? You answer because they forget and because of false and pernicious teachings of those who know nothing of disease and others whose little knowledge has become a dangerous thing. These facts hold also in tuberculosis, but there is another principle in human living, which must be considered. That principle is, the longer a condition is with us the more prevalent it is and the more common it becomes, the less people fear it. In other words they accept it as a part of life. I well

remember when the common house fly existed in such large numbers as to almost cover the table and foods thereon at meal time; when the mosquitoes were so abundant as to make one's life miserable if unprotected by screens at certain parts of the day in certain seasons of the year. Yet in those days the people accepted the fly and the mosquito as a part of the great scheme of creation. They firmly believed that these insects were placed in the world for a definite purpose, no one had any idea as to what that purpose was but all believed firmly that they should remain unmolested. Now, after much scientific investigation and careful observation, we know they are deadly enemies of mankind. This is only one of many examples of disastrous elements working among us which become so common that we accept them and allow them to continue their deadly work. This attitude on the part of people is responsible for many of the deaths from tuberculosis today.

OPPORTUNITIES

I am sure that every nurse desires to know of the opportunities which exist in the various fields and phases of nursing before she decides definitely upon which field or phase to make her life work. I feel it a duty at this time to attempt to call attention to a few of the opportunities for nurses in the field of tuberculosis.

As mentioned previously every nurse, regardless of the field or phase of nursing she chooses, will come in contact with tuberculous patients. Every nurse, therefore, will have opportunities to help to lead those afflicted back to recovery, provided she equips herself with the proper knowledge of the care

of the tuberculous patient. Moreover she will have opportunities and many of them to teach the prevention of tuberculosis.

In these days there is a rapidly growing demand for Public Health Nurses. In the fall of 1922, the records of the National Organization for Public Health Nursing showed that 11,548 public health nurses were employed in 4,040 organizations. Inasmuch as tuberculosis is so prevalent, it is obvious that no small part of the work of the Public Health Nurse consists of fighting this disease. She visits the homes of those suffering from tuberculosis where she consoles and encourages not only the patients but their relatives. By her aid many patients are led to victory and by the knowledge she imparts many persons are protected from developing tuberculous disease. Thus her efforts may be crowned with great success. A young attorney who had developed advanced tuberculosis and who because of his weakened condition was compelled to lie in bed month after month was financially unable to employ a private nurse. He had been discharged from a sanatorium as a hopeless case. On each visit to his home, this patient would relate to me the many splendid things the Public Health and Visiting Nurses were doing to help make him comfortable. He looked forward to their visits with great anticipation. The joy which must have come to these nurses from the rendering of service so much appreciated must have been greater than that which any amount of money could afford. Every nurse, therefore, should become well informed as to the nature, treatment and prevention of tuberculosis.

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Then there is a demand for nurses especially prepared to do tuberculosis work and the demand is sufficient to require all of their time. Such nurses may be engaged in private duty, public health including school nursing, and institutional nursing.

PRIVATE DUTY AND TUBERCULOSIS

One problem which perplexes so many physicians in private practice is to find enough nurses properly trained for private duty in tuberculosis work. Many nurses are graduated from schools of nursing without ever having had as much as a lecture on the disease which causes one death in ten. Consequently, there is a constant demand in most cities for nurses capable of caring for the tuberculous. This demand is greatly increased in certain sections of the country where patients go because of climatic conditions. Because of the lack of tuberculosis training among nurses, it is with most patients and physicians a case where "many are called but few are chosen."

Private duty positions are often of long duration, sometimes lasting from many months to a few years. Moreover, they are often among very pleasant associations. There are also numerous opportunities to encourage the families, to allay the suffering of the patients, and to lead those not too advanced back to health. I shall never forget being called to a home on one Easter morning where a girl of seventeen years was making her last fight against tuberculosis from which she had suffered for five years. Being very tired and suffering intensely, she requested rest and relief from her pain. After relief came she said, "I feel so much better and am so glad to

die now without pain." In a few minutes she closed eyes and slept peacefully away. Unfortunately, no nurse was employed in that home, but a well trained nurse could have saved her much suffering before my arrival. Another patient suffering from quite extensive disease employed a nurse who was well trained in tuberculosis. This nurse left no stone unturned in the restoration of her patient's health and today, after two years of treatment, this patient has a reasonable working capacity. It is the satisfaction which comes from relieving suffering, restoring health and preventing disease, which makes the life of the private duty nurse most worth living.

Already a good many public health nurses are being assigned to full time tuberculosis work. They devote their time to visiting the homes of tuberculous patients whose cases have been reported to Health Departments. In most of these homes the nurse is a welcome visitor. She gains the confidence of the members of her families and they look to her for information which will aid in restoring the sick ones to health and will keep all others in good health. Then there are a few school nurses who are assigned to full-time work with tuberculous children. Such nurses have unlimited opportunities for serving humanity.

There are many positions for nurses who desire institutional work in tuberculosis. The number of sanatoria for the tuberculous has very definitely increased in the last few years and the building of many more institutions is being planned. In the early days of sanatorium building, isolation was much practiced. This terrible mistake is being rapidly corrected at present by

building sanatoria near larger social centers. Moreover, the good roads and the automobile have defeated the isolation of many institutions of earlier days.

Recently I sent a questionnaire to each institution for the tuberculous listed in the latest directory issued by the National Tuberculosis Association. The data from the replies received have been compiled in Table I:

TABLE I

Number of sanatoria replying to questionnaire	338
Total patient capacity of sanatoria replying to questionnaire.....	53,338
Total number of nurses employed in sanatoria replying to questionnaire..	4,428
Total number of nurses who have had Public Health Training.....	305
Number of sanatoria operating schools of nursing	42
Number of sanatoria offering tuberculosis training to students in general hospitals	27
Number of nurses annually receiving such training.....	311
*Average monthly salary of supervisors of nursing in sanatoria.....	\$124.71
*Average monthly salary of head nurses in sanatoria.....	95.51
*Average monthly salary of other graduate nurses in sanatoria.....	85.13
*Average monthly salary of practical nurses in sanatoria.....	59.84
*In most institutions maintenance is provided in addition to salary.	

The nurse who enters tuberculosis work may be assured that if she places service rendered first that a great future awaits her. She must have a vision of greater things from day to day and from year to year and must never forget that "where there is no vision the people perish." This is just as true of individuals as it is of groups of people and nations. She must realize that high position and maximum service come

only with great effort and self-sacrifice. Longfellow expressed this thought beautifully when he said:

The heights by great men reached and kept
Were not attained by sudden flight,
But they while their companions slept
Were toiling upward in the night.

The road of success leading to achievement is not always easy. There are many times when on first thought one is inclined to turn back. This has always been true. Indeed, Longfellow expresses it in the following lines:

Be still, sad heart, and cease repining;
Behind the clouds the sun is shining;
Thy fate is the common fate of all,
Into each life some rain must fall,
Some days must be dark and dreary.

When these dark and dreary days come, the nurse must look beyond them, she must never lose sight of her vision. She will be greatly helped and encouraged by following the advice of the poet when he said:

The inner side of every cloud is bright and shining;
I, therefore, turn my clouds about
And always wear them inside out
To show the lining.

Tuberculosis work at times may seem discouraging because of the advanced stage of the disease from which many patients suffer before treatment is begun. But there are discouragements of this kind in every field of endeavor. Often it is among the advanced cases that the nurse can give her best service. She comes to realize with Tennyson that "Never morning wore to evening but some heart did break." To the near relatives of those suffering and dying of tuberculosis, she renders a service which is unmeasurable.

Often one is asked why in history the

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lives of certain persons have stood out more prominently than others. When one analyzes the lives of such prominent persons one usually finds that they lived simple lives of service. Today we speak of the beautiful photographs, the beautiful paintings and the beautiful statues of Abraham Lincoln. He is beautiful to us, not because of his wearing apparel, not because of his beautiful smooth face, nor his beautiful form. He is beautiful because he lived a simple self-sacrificing life of service. And, so it is with many others who have gained prominence in the world. Pope has expressed this idea in the following lines:

'Tis not a lip, or eye, we beauty call,
But the joint force and full result of all.

After all with each of you it is a question of how much service you can render humanity during your short stay in the world. It is a question of whether the world will be made better for your having lived. I am firmly convinced that as you approach that hour "when the shadows lengthen and the evening comes, and the busy world is hushed, and the fever of life is over, and your work is done," you will look back over life and enjoy a satisfaction from having served others which nothing else in the world could afford.

CHOREA

BY TREVOR BROWN, M.D., AND JOHN F. SANDER, M.D.

THE NAMES of St. Vitus dance, the dance of St. John, Chorea minor, Chorea major, and Chorea germanorum have been used with varied meanings in regard to their significance. It appears that the Phrygian bacchantes in their wild worship were affected with violent automatic movements accompanied by more or less disturbance of consciousness, and it is certain that the sect of the Sufi, in Persia, shortly after the origin of Mohammedanism were accustomed in their sacred ceremonies to pass into a condition of wild excitement with dancing muscular spasms and general convulsions. About the year 1000, a sect of the Sufi found numerous followers and imitators throughout Asia Minor, in Persia, Egypt and Greece. In Christian countries the so-called dance of St. John was already, at the time of the crusades, an observed custom. It was not until the outbreak, in 1418, of

a fresh epidemic of religious excitement in Strasburg that the term "dance of St. Veit" began to be freely applied to these religious disorders, because during this outbreak the chief magistrate of Strasburg ordered those afflicted with the dancing mania to repair to the chapel of St. Vitus in Zatern, a village in Alsace, near Strasburg. The name St. Vitus appears to have had its origin from St. Veit, a boy who, born in Sicily, suffered martyrdom in the year 303, during the persecution of Diocletian, and whose body was carried from place to place until finally buried in the cloister of Korvy. Paracelsus called these epidemics "Chorea sancti viti," and "chorea lasciva." The name St. Vitus' dance is the only point of affinity between the old religious dancing manias and the idiopathic chorea of the present day.

"Idiopathic" chorea was placed on a

firm scientific basis by Sydenham. Many German writers speak of the affliction in childhood as chorea minor. The word chorea, derived from the Greek, (Xopeia-dance) is suggestive of many different conditions which are all characterized by muscular movements, twitchings, or spasms. The conditions in which such movements are found form a varied group and include: Infectious or Sydenham's chorea; the degenerative chorea, the Huntington group; the senile chorea, that due to organic brain disease, etc.

HUNTINGTON'S CHOREA

A chronic progressive hereditary disease appearing rarely before the end of the third decade of life and characterized by irregular choreic movements, speech defects and gradual dementia. This disease was first described in 1872 by George Huntington, of Pomeroy, Ohio. Negroes free from Sydenham's often have Huntington's chorea. More women than men have Sydenham's chorea, but the proportions of men and women are about equal in the Huntington type.

The most common affection is

SYDENHAM'S CHOREA

It occurs chiefly in children due to some toxic or infectious agent which acts on the central nervous system by producing irregular involuntary contractions of the muscles resulting in purposeless movements and associated with muscle weakness and mental dullness.

Etiology: As yet there is no definite scientific basis for the pathogenesis of the disease. It is believed that rheumatism, chorea and some forms of endocarditis are closely related to one

another. That the gradual onset, slow progressive course, with occasional fever, tendency to recurrences and to cardiac and arthritic complications, as well as the similarity of the psychic symptoms, when such exist, to those of the toxic psychoses point to a probable toxic or infectious origin.

Bacteriological investigations seem to indicate that it is most probably a bacterium whose cultural characteristics are still to be determined.

CASE REPORT OF SYDENHAM'S CHOREA

(Female—Age, 7 Yrs. 7 Mos.)

July 7, 1925, O. W.—was referred to The Children's Hospital with a complaint of "twitchings of arms and legs."

Family History: Unimportant except that the family of seven had lived in a one-room frame camp for one month preceding.

Past History: Patient had had Varicella at the age of three months, Pertussis at the age of five years, closely followed by Measles and Mumps, all with uneventful recovery. There had been frequent attacks of Tonsillitis for the past two years. No definite history of Rheumatic Fever. No severe injuries, no operations, habits good.

Present Illness: Began about two weeks prior to entrance. At that time the patient had a slight cold with generalized pain in her joints. Slight twitchings of the mouth, arms and legs were noticed five days later. Some of the movements were purposeful, but for the most part were involuntary. The severity of these movements progressed steadily. The appetite decreased and a slight diarrhoea developed a few days before entrance.

Physical Examination: A fairly well developed and nourished white girl in no discomfort. She made repeated irregular, arrhythmic involuntary movements of the mouth, and all extremities. Speech was very difficult and indistinct. Tonsils were hypertrophied and septic. Teeth were all present, but a few were carious. There was a bilateral shotty cervical adenitis. The heart showed a slight enlargement, with normal rate, although there was a

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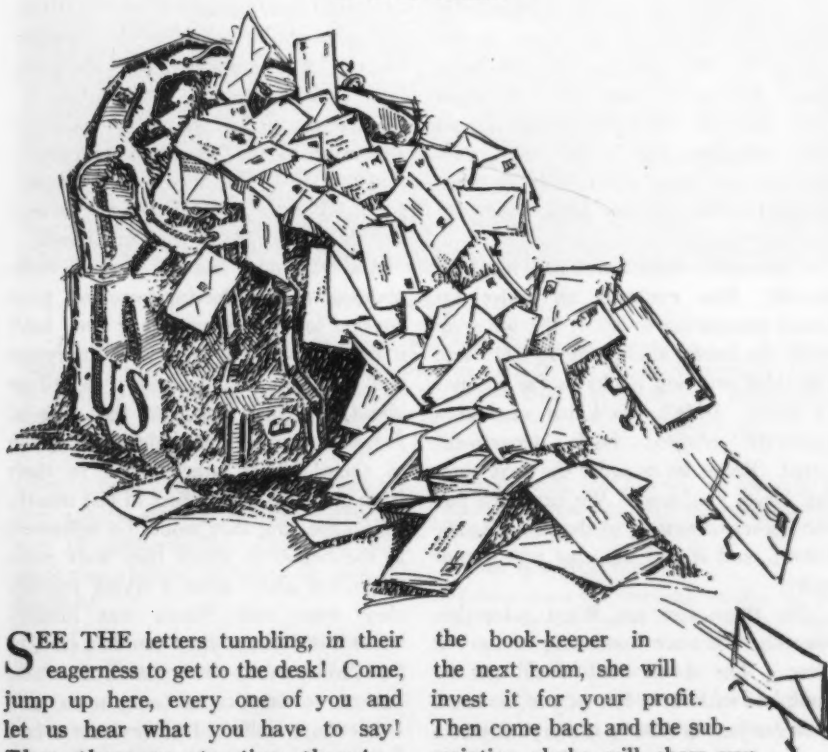
marked sinus arrhythmia. A loud blowing systolic murmur was heard over the entire precordium, with maximum intensity at the apex. A short pre-systolic murmur was heard at the apex only. There was a definite thrill felt at the apex—P2 slightly accentuated. Blood pressure 114/70. Extremities showed movements as described above.

Course: Patient was treated with isolation

and complete rest in bed. No drugs were given except Aspirin gr. x t.i.d. Ten days after entrance the tonsils were removed and the carious teeth repaired. Movements gradually subsided and the patient was discharged three weeks after entrance entirely free of any involuntary movements of the mouth or extremities. There had been no change in the cardiac condition.

OUT OF THE MAIL BAG

By S. E. KINLAY



SEE THE letters tumbling, in their eagerness to get to the desk! Come, jump up here, every one of you and let us hear what you have to say! *There, there, one at a time, please!*

We can count one, two, ten, fifty, one hundred and more little messengers, from all parts of the world, bringing subscriptions to the *Journal*, and they haven't forgotten the wherewithal. Friends, if you will take your money to

the book-keeper in the next room, she will invest it for your profit. Then come back and the subscription clerks will show you the card files, the stencil machine and the addressograph.

Here is something worth noting. Eighty nurses have traveled from one hospital in Pennsylvania, via a two cent stamp, with a check for \$200. They

are taking advantage of the special club rate of \$2.50, thus saving \$40 on the subscriptions and \$1.58 in postage. Other groups of fifty from New York, twenty from California, thirteen from North Carolina, ten from New Hampshire and ten from Minnesota, all traveling at the reduced rate of \$2.50. That is real economy!

There is an interesting trio over by the inkwell—Friends Manuscript, Letters to the Editor and News Items. If they will go through that door, to the right, they will find the editorial sanctum. The editor will assign to them their parts for the future entertainment and enlightenment of the loyal subscribers and economists who are now depositing their money with the book-keeper.

Three plain little envelopes, but look inside! One contains an order for books amounting to \$608, the other an order for books amounting to \$119 and the third ordering books to the amount of \$109. Didn't you know we had a perfectly efficient book department here? Better let us order the next nursing books you need. We can save you the bother of writing to the various publishers, and it will not cost you a cent more.

Oh, there you are, Want Advertisements! We were wondering where you were. The day's mail would not be complete without a few of you, at least. You are just in time to make your wants known in the next *Journal*.

And over in that corner, trying to appear unconcerned, is our usual bunch of nomads. Of course they can not help it! We are delighted to change their addresses when we have all the necessary information, but when they give

only half, as in the case of L.G.W., who asks us to change her address to 3242 W. 40th Avenue, no city or state, it simply can not be done. It takes six minutes to make a straight change. Multiply that by 375 (the average number of changes per month), and you have 2,250 minutes, or 37½ hours. You see, we have to hustle to take care of them all. It took one clerk thirty minutes to find that A.M.G., who requested us to send her *Journal* to Newfoundland, and who failed to give her former address, was moving from Brooklyn, New York.

Here is a postal card, correctly addressed to the *American Journal of Nursing*, 19 W. Main Street, Rochester, N. Y. What a pity Miss Absentminded left the other side of the card blank.

And you, dear friends, who are complaining of not having received your *Journal* for the last month or two. Isn't it because you changed your addresses and didn't think it necessary to tell us about it? Just glance at that pile of *Journals* over on the table—sixty-seven of them! They started out in their fresh green covers the first of last month, fully expecting they would be welcomed in the homes to which they were wont to go, but alas,—after a trying journey they were told "there was nobody home." Of course they couldn't stay, to be thrown into the postoffice waste basket, so they came back home, and Uncle Sam collected their return fare from us to the amount of \$6.28. This in addition to their outgoing expenses. No small item is the mailing charge.

Ah, the "college student with the hard luck tale" is in the field again, soliciting subscriptions and taking money from tenderhearted nurses. Our warnings

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THE JOURNAL STAFF

Center—S. E. Kinlay, Office Manager. Standing—E. Garvey, Bookkeeper; E. VanZandt, Subscription Clerk; J. Wolfe, Secretary to Miss DeWitt; D. Ryan, Subscription Clerk; M. Bradler, Secretary to Miss Kinlay; M. E. Jacobs, Book Department; E. A. Sarachan, Circularizing. Inset—M. T. Rowe, Secretary to Miss Roberts.

seem to have been in vain. Remember, our agents are nurses who carry letters of authorization signed by your managing editor. Please do not be deceived.

And now we come to the encomiums. Listen to this one from Mrs. "Matron":

Please find enclosed a check for \$3.00 for a year's subscription. I had to discontinue the magazine when I started to raise a family, but now I feel as if I can find time to ascertain newer methods in nursing, and I will look forward with great interest to receiving the A. J. of N. again.

E. Z. says:

It is always with pleasure that I renew my

subscription to the *Journal*, for the price is small in comparison with the value of the magazine.

This is a good one:

I have taken the magazine steadily for the past twenty-four years, or ever since I came to this country from Dundee, Scotland. I am very much interested in it.

Isn't that just like the Scotch? They always know a good thing when they see it.

K. B. R. writes:

It is rather difficult to get information away out here, since there are only two other nurses besides myself in this town. I find it hard to keep up on the problems of the day. I have been unable to learn the address of your

office until now, otherwise I should have subscribed for the *Journal* long ago. A thing which I neglected to do when I finished training, but have been sorry for ever since.

From a nurse taking a P. G. Course:

I met quite a number of young nurses from all over the U. S. They all praise the *Journal* and claim that it was through the *Journal* that they heard of this course. From all I gather, the *Journal* is very widely known and very well esteemed by all.

Here's a good suggestion for superintendents of nurses, from one of them:

We learn to use the *Journal* when we have classes in "Professional Problems" and at least get acquainted with the *Journal* and know where to look for what most interests us, individually. I was interested in noting in a report submitted by one of our advanced students in her list of personally selected readings,

"*American Journal of Nursing* for August—completely."

G. V. S. says:

For a number of years, the *American Journal of Nursing* has been to me a most valued and welcome periodical whose high professional distinction and broad comprehensive surveys merit generous commendation. Congratulations on your twenty-fifth anniversary, with a sincere hope that you attain your goal.

By the way, we have been receiving very substantial congratulations on our twenty-fifth birthday, and we are to continue the celebration until the first of the year.

The end of a perfect mail, but the day's work is waiting! We hope you have been favorably impressed with this little sketch. Come and see us if you should happen to be in Rochester.

OUR CONTRIBUTORS

We publish the article on Private Nursing at length because we know that private duty nurses will rejoice that their specialty was so well presented at the International Congress at Helsingfors. **Sister Bergliot Larssen** is president of the National Association and Editor of the official magazine of the nurses of Norway.

Ermine J. Stevenson, A.B., R.N., for the past year has been in charge of the interesting chest clinic she describes. She is a graduate of Eureka College and of the Washington University School of Nursing.

Evelyn L. Childs, A.B., R.N., was instructor in the Pasadena School of Nursing when she wrote for us. She is a graduate of Wellesley College and of the Lakeside School of Nursing, and is now Instructor of Anatomy and Physiology in the School of Nursing of Western Reserve University.

An instructor in the school of which she writes, **Dorothy Koethen, A.B., R.N.**, is a graduate of Occidental College and of the Pasadena School of Nursing.

Readers of "Safeguarding the Future," **Edith Charlton Salisbury**, in the March *Journal*,

will welcome the article "Make Your Income Serve You," appearing in this and the December *Journals*. They are timed to be useful to those who "really must turn over a new leaf the first of the year."

Somehow we couldn't resist "Dr. Ted's Last Emergency," so here it is, even though we had to put a learned article aside for "next time." It is a true story by a nurse of wide experience in pioneer fields.

Read **Dr. J. A. Myers'** "Opportunity in Tuberculosis Nursing." It will set you to thinking of many things including the forthcoming sale of Christmas seals. Doctor Myers is Assistant Professor of Preventive Medicine and Public Health of the University of Minnesota and Medical Director of the Lymanhurst School for Tuberculous Children in Minneapolis.

The article on "Chorea" was prepared especially for the *Journal* by **Trevor Brown, M.D.**, and **John F. Sander, M.D.**, while on duty at the Children's Hospital, Boston, Mass.

Carrie M. Hall was the subject of the *Journal's* "Who's Who," in the July issue.

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EDITORIALS

OUR BIRTHDAY PARTY

WE'VE ALWAYS enjoyed the Limerick about the chap who "went to a party and ate just as hearty as if he'd been really invited," although we've never attempted to put his notion into effect. But we've certainly had and continue to have as much fun at the *Journal's* birthday celebration, as if we had not suggested that our friends everywhere should give us a party.

Of course, we've worked, too. The *Journal* staff for weeks has been "up to their eyes," first in preparatory work and now in handling the new subscriptions. They like it, though. It's a matter of pride with each one. Then, too, we've celebrated with a real party in the *Journal* office. On October 1st, the staff had a proper cake, candles and all!

The response to our suggestion that we'd like to celebrate by increasing our circulation has met with the most enthusiastic response. By ones, and tens and fifties the new subscriptions come, each one the result of the effort of some nurse or of some association that believes in the principles for which the *Journal* stands and believes that its usefulness should be extended in every possible way.

We cannot even predict how many cakes will be lighted with green *Journal* candles, a candle for each new subscriber, before January first, when the party, with special rates for clubs of ten or more, will be over. What we know is that state associations have seized upon the idea with avidity and the district and alumnae associations are not lagging far behind. New Hampshire led the way with the

first birthday cake. West Virginia sent in a report from their annual meeting that surpassed all expectations. Indiana's *Journal* table is pictured in this issue, while Minnesota has just telegraphed from their closing session "Three hundred and twenty candles on the *Journal* cake," and they add

To the editors and to all who are contributing to the success of the *Journal*, the nurses of Minnesota send warmest greetings and an expression of appreciation of their untiring efforts to make our *Journal* "educationally indispensable to graduate nurse and to student alike."

We predicted that Minnesota would do something really handsome, for their very program was a facsimile of the *Journal* and the *Journal* figured in every bit of their planning for a remarkable celebration. With this before us, is it any wonder that we can hardly wait to hear from the fifteen other states that are meeting in October?

It is not only at meetings that the good work is going on. States that are not holding meetings are organizing special campaigns. State, alumnae and district bulletins are generously giving of their space and the *Public Health Nurse* and the *Pacific Coast Journal of Nursing* are standing loyally by, even to the extent of donating advertising space.

Never have the editors read the mail more eagerly, never has it been more stimulating, for in addition to the subscriptions and the "many happy returns," have come suggestions of practical worth and comments that will influence future policies. We rejoice when told that a student nurse who, in a class in Professional Problems, was asked what she had found of worth in the August *Journal*, seriously replied,

"all of it" and substantiated her statement. We rejoice when a private duty nurse writes that a particular article was useful "on my last case." We rejoice, too, when friends are candid enough to make suggestions or even criticisms.

It is enormously stimulating to participate in this "birthday party." It is not a mere circulation campaign. It is a serious effort to put the official magazine of the largest organized group of professional women in the world into the hands of all those who might profit by it. It is a magazine charged with the responsibility of maintaining professional standards of skill and of conduct, of fostering professional idealism, of cherishing all that is beautiful in the traditions of nursing and of perpetuating that spiritual essence that is at the very heart of nursing. The magazine has given a quarter of a century of genuine service to the nurses of the world.

Its future? Its future is largely in the hands of you who read!

A DREAM REALIZED

"PLEASE CHANGE my address to 1 Place du Lac, Geneva, Switzerland!" Thus modestly has the announcement come that Christiane Reimann, Secretary of the International Council of Nurses, is actually setting up the modest headquarters for the International Council of Nurses authorized at the meeting in Helsingfors. A city of beauty and of mighty spiritual and intellectual forces is Geneva. Glorious Mt. Blanc towers in the distance and the city itself, with its majestic memorial to the great thinkers of the Reformation, with the birthplace of the Red Cross in its very heart, and with

the Secretariat of the League of Nations accumulating month by month an amazing store of knowledge, is one to stir the imagination.

The new headquarters, a pygmy among giants? Not at all. Infinitesimal it may now be, but the I. C. N. possesses a marvelous power of growth. Following the tremendous stimulus of the Helsingfors meeting, all it needs is the economic force of the nurses of the world behind it to become a treasury of knowledge—a focus of world thought in nursing.

How is this economic support to be secured? That is a matter to be presented by the official delegates (it will be recalled that ours were the Misses Eldredge, Goodrich, Gardner, Noyes, and Mrs. Gretter) to their respective Associations for action. The plan accepted by the I. C. N. is that dues of five cents per capita be paid by each organization beginning January 1, 1926. An insignificant sum? Insignificant to the individual American, yes. It is not insignificant when it comes out of a national treasury already budgeted to the limit, nor when the treasuries of heroic little countries such as Belgium are concerned, countries where the value of money is so uncertain that it is easier to reckon by the cost of a loaf of bread of standard weight than on the basis of amounts equal to our dollar, because what equals a dollar one week may conceivably fall short of it next. The method of raising the fee was left to be determined by each country.

There can be no doubt that the American Nurses' Association will ratify the action. The real problem is: How are the expenses of the I. C. N. to be met from the time of the Helsingfors

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meeting until that time after January first when dues on the new basis are paid in? It requires courage to establish a Headquarters when the monies for supporting it are not yet actually in hand. Fortunately Miss Reimann is both a courageous and a generous woman. At her own request her salary was fixed at only \$1,500 and she proposes using most of that for travel on I. C. N. business. There is little in the treasury, for the I. C. N. has been financed all these years by a membership fee of approximately ten dollars for each country, an amount that really covers only the cost of correspondence. It has not even covered the cost of the valuable Bulletin launched in January, 1924, largely through the personal effort of Miss Reimann.

No appeal will be made on a basis of American Nurses' Association membership, although Miss Gage and Miss Musson, President and Secretary, respectively of the I. C. N. have suggested a contribution of one cent per capita. The President of the American Nurses' Association has, however, written to the 250 nurses who shared in that marvellous expression of professional unity at Helsingfors, asking if they who have caught the splendid vision of internationalism in nursing care to contribute to the support of the young headquarters. Flat though their pocket-books may be, like Sentimental Tommy they "will find a way." Indeed, many who attended and others who were not so fortunate have already signified their readiness to assist. The path is open for all those who care to help. Checks should be sent to headquarters of the American Nurses' Association, designated for the I. C. N.

There would never have been a forceful worthwhile I. C. N. of which coming generations could be proud, had it not been for the unselfishness of our Lavinia Dock, Canada's Agnes Snively, England's Mrs. Bedford Fenwick, and Margaret Breay, and others like them. To be sure they had the joy of creation, but ours is the privilege of helping what they created to grow in use and beauty.

If Americans are the most fortunate people on earth, then American nurses are the most fortunate nurses on earth and those who went to Helsingfors are particularly blest. This seems a good time to prove that we appreciate our blessings.

RED CROSS ROLL CALL

WHEN THE Red Cross Roll is called between Armistice Day and Thanksgiving, will you be there? It is the proud boast of the Nursing Service of the American Red Cross that nurses never have to be urged to volunteer for any emergency. Headquarters has only to let the need be known and nurses, many more than are required in any given instance, respond. Indeed, the response usually follows so closely on the heels of disaster that the task of the Nursing Service is merely that of determining and assigning the number of nurses needed. This is possible only because of the splendid enrollment of 41,000 nurses, each imbued with the Red Cross spirit.

About November 1, "the Red Cross will have completed the greatest post-disaster rehabilitation program in the history of the world." Thus may be described the work accomplished in that great mid-western area which was

devastated in the short space of two hours by the tornado of March 18. There was work for nurses, and work splendidly accomplished, in those seven states where 900 people were killed and 3,000 were injured, but the work for other branches of the Red Cross continued long after the nurses were withdrawn.

There was work for nurses, too, in sixty of the other catastrophes calling for Red Cross service during the fiscal year ending June 30. Nor is disaster relief the only service rendered by American Red Cross nurses. One thousand public health nurses are constantly employed in safeguarding community health.

All of this work, disaster relief, rehabilitation and the peace time health work represented by the work of public health nurses, instructors in home hygiene and care of the sick, nutrition, and first aid; as well as the work of the Junior Red Cross with its stupendous enrollment of over 5,000,000 school children; all of this requires funds. Hence the annual Roll Call between Armistice Day and Thanksgiving. The privilege of wearing the wreath enclosed emblem which is the well loved badge of the Red Cross nurse does not carry automatic membership in the Red Cross itself. In common with all other citizens, nurses may indicate their appreciation of and desire to support the marvelously constructive force of the Red Cross by renewing membership and by wearing the tiny button in those weeks which annually recall the most soul stirring event in all history. Individual membership seems a small thing, collectively it provides the sinews for one of the truly mighty

forces in the world today. When the Red Cross Roll is called, will you be there?

REVISING THE STANDARD CURRICULUM

WHEN WILL the new edition of the Standard Curriculum be ready? What is the price of the revised Curriculum? Or, Please send me a copy of the new edition of the Standard Curriculum. Such are the inquiries that are coming in to the *Journal* and to the Headquarters of the National League of Nursing Education.

The reply to all is: Publication is being delayed until *Journal* readers have read and commented on the Outlines that are appearing monthly. This does not mean comments in your own group. It means comments to the Committee responsible for the work. The Education Committee, of which Isabel M. Stewart is chairman, is most eager to receive suggestions or corrections from instructors and administrators everywhere. It is extremely important that these Outlines be subjected to the acid test of many minds before they are put into final shape for publication in book form. If you have only commendation to offer, we suspect that, too, would be welcome. The subcommittees are composed of able women, specialists in the particular fields covered by the Outlines, but not all the able women have contributed to this difficult task by any means. Why not make your contribution to the Standard Curriculum by careful analysis of and comments on the Outlines of most interest to you? Your communication will be welcome at the Headquarters office of the National League of Nursing Education, 370 Seventh Avenue, New York City.

WHO'S WHO IN THE NURSING WORLD



LII. EVA SMILLIE TUPMAN

BIRTHPLACE: Savannah, Ga. **PAR-
ENTAGE:** American. **PRELIMINARY EDU-
CATION:** Public and High Schools. **PROFESSIONAL EDUCATION:** Elkin-Cooper
Sanatorium, Atlanta, Georgia, class
of 1906. **POSTGRADUATE WORK:** Sum-
mer School, Department of Nursing
Education, Teachers College, Columbia
University, New York City, in 1920. **POSITIONS HELD:** Surgical Supervisor,
Elkin-Cooper Sanatorium, Atlanta, Ga.;
Head Nurse, Presbyterian Hospital, At-
lanta, Ga.; Anti-Tuberculosis Visiting
Nurse (Chief Nurse), Macon, Ga.; In-
structor of Nurses, Georgia Baptist
Hospital, Atlanta, Ga.; Instructor of
Nurses, Muhlenberg Hospital, Plainfield,
N. J. Special A. R. C. Service during

World War, as follows: Supervising
Public Health Nurse in Red Cross Sani-
tary Unit No. 14, Camp Wheeler Can-
tonment, Macon, Ga.; U. S. Govern-
ment Nitrate Plant, Hospital Service,
Muscle Shoals, Ala.; Field Representa-
tive A. R. C., Southern Division; In-
structor A. R. C. Home Hygiene and
Care of the Sick, also Surgical Dress-
ings. **PRESENT POSITION:** Instructor,
School of Nursing, Macon Hospital,
Macon, Ga. **OFFICES HELD:** A char-
ter member of the Georgia State As-
sociation of Graduate Nurses and presi-
dent at two different periods. A mem-
ber of the Board of Examiners of Nurses
for Georgia, five years, including one
year as Inspector of Schools of Nursing.

DEPARTMENT OF NURSING EDUCATION

LAURA R. LOGAN, R.N., EDITOR

A REVIEW OF THE REPORT OF THE COMMITTEE OF THE NATIONAL LEAGUE
OF NURSING EDUCATION ON THE PUPIL NURSE IN THE
OUT-PATIENT DEPARTMENT

BY CARRIE M. HALL, R.N.

A SUMMARY OF the report of the Committee of the National League of Nursing Education in charge of the Study of the Nurse and Nursing Service in the Out-Patient Department has just been made public through the columns of the *Modern Hospital*.¹ The findings of this Committee have been eagerly awaited by principals of schools of nursing and others interested in improvement in nursing services in out-patient departments and in better instruction of student nurses, through utilization of clinical material and better correlation of subjects taught.

The work of the Committee has been greatly enhanced by financial support secured from the Committee on Dispensary Development of the United Hospital Fund of New York, enabling the Committee to secure the services of Emilie G. Robson, R.N., for this important work.

The purposes of the study are to determine "What contribution the nurse makes to the out-patient department," and "What contribution the out-patient department can make to the education of the nurse."

The methods used in the study involve:

A. A study of individual clinics in six different out patient departments.

¹The complete report may be obtained, without cost, from the National League of Nursing Education, 370 7th Ave., New York, or from the Committee on Dispensary Development, 17 W. 43rd St., New York.

B. An analysis of work sheets kept by student nurses to obtain a record of out-patient assignments and approximate time spent on each.

C. Observation of student nurses at work during entire out-patient service and conferences with individual students.

D. A study of the general organization and operation of the out-patient services.

E. A study of the curricula of schools of nursing and reports which point out the possibilities and advantages of incorporating out-patient work in the programs of student nurses.

The six out-patient departments studied have been grouped into three types, designated X, Y, Z. The results show that the proportion of time of student nurses is utilized approximately as follows:

Assisting with clinics.....	40%—58.1%
Preparing for clinics and clearing away	15.5%—33.5%
Preparing supplies.....	4.9%— 16%
Home visits.....	1.2%—23.7%
Miscellaneous	1.1%— 6.5%

The duties of student nurses in clinic sessions are found to be chiefly assisting patients to adjust to clinic situations, helping with physical examinations, treatments and minor surgery, obtaining temperatures, pulses, respirations, weights, and urine specimens.

Type Z shows the largest percentage of time allotted to clinic assistance, and the smallest percentage of time spent in preparing for and clearing away after clinics, making supplies and miscellaneous duties. It includes also 19.2

percentage of time utilized in observation, instruction, conference and history reading.

A comparison of types of organization of the nursing service shows that each group functions under the nursing department of the hospital. In all except Type Z, the functions of the nursing service depend largely upon the numbers and types of other clinic workers, as record clerks, volunteers, technicians, social workers, etc., all of whom function as part of social service or administrative departments. In Type Z, no other workers than nurses assist with the care and instruction of patients.

An excellent analysis is made of the educational opportunities which exist in the out-patient departments of the six hospitals studied, which could be utilized in the professional preparation of the student nurse. The same opportunities doubtless exist in most hospitals maintaining an out-patient department.

The report brings out quite clearly that the interesting clinical material with its medical and social problems is being utilized scarcely at all in the X and Y types of out-patient departments, to foster the education of the nurse. Since no course of instruction is provided, the knowledge which a nurse gains depends upon herself,—her powers of observation or the chance word of a doctor.

In Type Z, however, out-patient experience is organized into a definite program of instruction and practical procedure and becomes an important part of the professional preparation of the student nurse.

Space will not permit reviewing in detail the outline of subject matter given in forty hours of lectures, visiting com-

munity organizations and conferences. The clinic assignment of two weeks forms a part of the four-month course in each of the basic subjects. Case studies parallel all ward and out-patient routines. It seems clear that this method might utilize quite fully the opportunities afforded by the out-patient department for nurse instruction and takes a forward step in a closer correlation of theory with practice.

The Committee has been reasonably conservative in its recommendations. While recognizing that reorganization of the nursing service cannot be made without reorganization of other out-patient services not included in the scope of the Committee's study, it nevertheless believes that much can be done to render the time the nurse spends in the clinics more effective both in respect to her own education and to the service she gives there.

Directors of nursing services are urged to study their own out-patient departments, keeping the same close contact with them that they maintain with hospital wards. They are advised to secure graduate nurses for out-patient service, who are not only hospital executives, or competent teachers, but who have also preparation and experience in dealing with the ambulatory patient, and who are able to visualize and make clear to others the picture of the patient in the home. Successful team work is the only basis upon which most work will succeed, so nurse directors are admonished to stimulate better coöperation between the nursing service and other services of the out-patient department.

It is recommended that a definite program of instruction and experience

for the student nurse during her period of out-patient service be formulated and maintained. This should include opportunity for intelligent comprehension of the clinics and services, which are so definitely a part of organized community health service, and assist her to understand the scope of these programs so that, as a graduate nurse, she may assume her proper responsibilities in the community.

The Committee believes that student assignment to out-patient service should have a definite relation to the educational plan as a whole and recommends that very early in her course the student be given an orientation in the community aspects of disease. This should include observation in out-patient clinics and homes, and excursions to community organizations. Class work and conferences should outline the fundamental principles helpful in meeting the needs of patients.

The fifteen hours of class work and forty-five hours of observation and excursions which are advocated as an "introduction" to prepare the student for more adequate service to the patient and more gainful experience for herself during her clinic period, will provide a perplexing problem for the director of nursing service, already over-burdened with the operation of a heavy curriculum at the same time carrying the responsibility for the nursing care of a hospital full of sick patients.

Either of the two suggested plans for out-patient service seem practical, however, and reasonably easy of putting into operation. The plan of dividing the out-patient service into short periods of two or three weeks and making these a part of each main service should make

a strong appeal to the woman who is conscientiously striving to correlate theory with practice and who recognizes the possibility of supplementing ward experiences with the more diversified out-patient phases of disease as described in the operation of Type Z form of out-patient nursing service.

Service rendered the patient in the out-patient department may include treatment of every description other than purely medical service and may include supervision and instruction in the home as well as the clinic, assistance with social problems and necessary adjustments for the successful treatment of the patient and the safe-guarding of the welfare of his family. Care in the home should be supplemented by an intelligent service which emphasizes disease prevention and health promotion. If the student nurse should be given an opportunity to participate in this program, her education would be enriched and the service to the patient greatly strengthened.

Finally, the Committee recommends that hospital administrators and nursing educators in teaching hospitals devote more attention to this educational problem, that greater effort be made to secure the interest and coöperation of physicians, with a view of enriching the out-patient experience of student nurses, and that, in addition to developing a program for under-graduates, consideration should be given to the preparation of qualified nurses for out-patient supervisory work. It is suggested that an attempt be made to develop the clinic as a practice field for public health courses, and that to meet the need for specially trained personnel, there should be built up a definite program in preparation for

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nursing supervisors in dispensary work.

The study shows painstaking investigation and sympathetic understanding of the problems involved. The conclusions and recommendations appear

rational and should challenge the hospital administrator and director of nursing service in many a teaching hospital to at least make the attempt to put some of the suggestions into practice.

REVISION OF THE STANDARD CURRICULUM

(Continued)

PEDIATRIC NURSING¹

Time: 30 hours, divided as follows: 15 hours for lectures and clinics on medical aspects, 14 hours for nursing classes, quizzes, demonstrations, and excursions, and 1 hour for examination.

Teacher: Lectures and clinics to be given by a pediatrician; excursions, classes and demonstrations in nursing procedures adapted to child care, conducted by instructor or supervisor of pediatric department.

OBJECTS OF THE COURSE

1. To help nurses to understand something of the physical and mental development of normal children, and acquire a knowledge of child psychology and the essential principles of child hygiene and management, so that they can intelligently care for normal children and teach others to care for them properly.

2. To teach them the principles involved in the care of sick or well children, the nursing procedures peculiar to the care of children, the usual manifestations of disease and the means of prevention of disease.

3. To make the nurse realize the importance of maternal feeding, to make her skillful and exact in milk modifications and diet regulation of both sick and well children, and to emphasize the importance of proper feeding as a therapeutic measure in the diseases of infancy.

4. To give a sound basis for later work in connection with public health and child welfare.

5. To give nurses some appreciation of the causes and social aspects of infant mortality, and thus secure their interest and coöperation in the conservation of child life.

¹Prepared by the Sub-Committee on Pediatric Nursing—Grace L. Reid, Maude Kelley, Elizabeth Pierce, Mary Wakefield, Mary Laird, and Helen Wood, Chairman.

OUTLINE OF THE COURSE

I. Lecture.

Physical development of the normal child from birth to adolescence. Normal baby; appearance, weight, length, processes of growth, comparison with adults. Normal excretion. Dentition. Special senses.

II. Class.

Review of care of new-born. Instruction in hygiene of infancy and childhood, bathing, clothing, bed, general management at various ages.

III. Lecture.

(Preferably by psychologist) Psychology of childhood. Mental development. Characteristic sex differences. Management at different ages. Habit formation. Play.

IV. Excursion.

Kindergarten, day nursery, or nursery school.

V. Lecture.

Feeding the normal child. Maternal nursing. Importance of nutrition. Relation of food to growth. Caloric requirement. Advantages of breast feeding to mother and child, and contra-indications. Composition of breast milk. Routine, supplementary and complementary feedings.

VI. Class.

Review of care of nursing mother—diet, exercise, care of nipples, position in nursing, expression of breast milk. Feeding and care of premature and feeble infants with special emphasis on clothing, protective beds, atmospheric conditions. Methods of feeding including Breck feeder, dropper, etc.

VII. Lecture.

Milk supply. Meaning of certified and

pasteurized milk. Laws regulating quality and sale. Care of milk in the home.

Artificial feeding of infants. Conditions under which necessary. Comparison of cow's milk with breast milk. Milk modifications. Proprietary foods.

VIII. Class.

Drill in computing formulae. Percentage method. Caloric values. Intervals of feeding.

IX. Class.

Methods of separating layers in quart bottle of milk. Putting up formulae. Improvised methods of pasteurization. Improvised ice box. Schedules of feeding at different ages, one to five years. Technic of feeding, including rate of feeding, temperature of food, holding of bottle, etc.

X. Lecture. (By Dietitian).

Diet, first year. Foods other than milk. Fruit juices, cereals, prunes, beef juice.

Diet, one to five years. Strained vegetables, junkets, custards, etc. Preparation of food and arrangement of tray for convalescent child. Assisting child with meals. Psychological aspects of feeding.

XI. Lecture and Clinic.

Observations and signs of disease. Significance of position assumed, color, condition of skin (rashes, dehydration, etc.) temperature, pulse, respiration, state of nutrition. Indications of tonsils and adenoids, snuffles, pediculosis, seborrhea. Discharges. Inflamed and discharging eyes. Adjustment of child to hospital surroundings.

XII. Class.

Isolation technic and nursing care. Holding baby for ear examination, irrigation of eye, ear, nose and throat, drops in eye, compresses.

XIII. Lecture.

Disturbances of nutrition and metabolism in infancy and childhood. Malnutrition, athrepsia, eczema, diabetes, acidosis, rickets, scurvy, tetany.

XIV. Class.

Observation of symptoms of diseases described in preceding lecture. Methods of restraint. Making of eczema masks. Metabolism bed. Administration of medicine to children.

XV. Lecture and Clinic.

Diseases of digestive tract. Causes of

vomiting. Pyloric spasm. Pyloric stenosis. Acute and chronic gastric and intestinal indigestion. Dietary treatment.

XVI. Lecture and Clinic.

Diseases of digestive tract. Abnormal stools. Causes of constipation. Diarrhoea; mechanical, fermentative, infectious. Intestinal parasites. Dietary treatment.

XVII. Class.

Nursing care of patients with gastro-intestinal disorders. Lavage. Gavage. Colonic irrigations. Care of excoriated buttocks. Examination of stools.

XVIII. Lecture.

Diseases of respiratory system. Coryza. Bronchitis. Pneumonia. Pleurisy. Empyema. Croup, true and false. Foreign bodies in trachea.

XIX. Class.

Medication and treatment in respiratory diseases. Croup tent. Poultices. Plasters. Aspiration. Mustard bath. Temperature sponge. Outdoor treatment. Heliotherapy. Administration of oxygen.

XX. Lecture.

Diseases of genito-urinary system. Nephritis. Pyelitis. Cystitis, etc.

XXI. Class.

Method of giving hot pack, hot tub bath, etc. Prevention of bed sores. Collection of specimens.

XXII. Lecture.

Diseases of circulatory system. Endocarditis. Pericarditis. Myocarditis. Anemia. Leukemia, etc.

XXIII. Class.

Preparation for giving saline infusion. Lumbar puncture. Preparation and technic of all treatments involving insertion of needle. Daily cardiac regime.

XXIV. Lecture.

Disturbances of nervous system. The neurotic child. Pernicious habits. Chorea. Meningitis. Tics. Epilepsy. Hydrocephalus. Cretinism. Idiocy. Imbecility. Morons, etc.

XXV. Class.

Management of nervous child. Application of child psychology (see lesson 3 and 4) to nursing care. Nervous disturbances. Treatments. Continuous bath. Cold and warm

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packs. Importance of all hygienic measures. Methods of restraint and caution used.

XXVI. *Lecture and Clinic.*

Surgical conditions. Burns. Cleft palate. Hare lip. Club foot. Spina bifida. Esophageal stricture. Pyloric stenosis. Tonsils and adenoids.

XXVII. *Lecture and Clinic.*

Intussusception. Hernia—umbilical and inguinal. Imperforate anus. Phimosis. Extrophy of bladder. Hypospadias. Epispadias, etc.

XXVIII. *Class.*

General principles of nursing care in surgical diseases. Supervision. Restraint. Cleanliness. Warmth. Feeding. Electric treatment for burns. Wool trusses for hernia. Strapping for umbilical hernia. Bottle blowing apparatus for empyema.

XXIX. *Excursion.*

To health centers, milk laboratories, children's institutions, special schools, etc.

XXX. *Examination.*

Note.—The division of the course into class or lecture periods is not arbitrary. It must depend upon the lecturers, teachers, clinical material, and text books available as to which method of instruction shall be used for the presentation of each subject in the outline.

Wherever possible, lectures should be combined with or followed by clinics.

METHODS OF TEACHING

1. Lectures and clinics. A part of each nursing class should be spent on a quiz covering the previous lecture.

2. Practical experience. Such experience should cover a period of at least four months, and should include the care of very young children as well as those of later years; medical and feeding cases, surgical and orthopedic. Dispensary experience in the children's clinic will be invaluable.

3. Demonstrations in wards, recitations and class rooms.

4. There should be close correlation with courses in general medicine and surgery, dietetics, orthopedics, etc.

5. Practical experience with individual instruction in the milk laboratory.

6. Excursions to children's clinics, food or milk laboratories, playgrounds, kindergartens, etc.

7. Case studies of typical and of unusual cases should be assigned to students for special reports. Special topics may also be given for individual study and for written papers.

EQUIPMENT AND ILLUSTRATIVE MATERIAL

Charts, models, pictures, utensils and materials for infant feeding, food charts, pamphlets, Chase baby doll, etc.

Real children should be used for demonstration as well as practice whenever possible.

Exhibits: Examples—wardrobe for well baby, bathing equipment for home use, model meals for normal child of various ages, etc.

TEXT AND REFERENCE BOOKS

Group I.—*Essential or Very Desirable.*

Cutler—*Pediatric Nursing.*

Lucas—*Children's Diseases for Nurses.*

McCombs—*Diseases of Children.*

Holt—*Diseases of Infancy and Childhood.*

Hess—*Scurvy, Past and Present.*

Hess—*Infant Feeding.*

Smith—*The Baby's First Two Years.*

Morse and Talbot—*Diseases of Nutrition and Infant Feeding.*

Read—*Mothercraft Manual.*

Group II.—*Recommended for the Teacher or for Wider Reading for Students.*

Emerson—*Nutrition and Growth in Children.*

Rose—*Feeding the Family.*

Ruhrah—*Manual of Diseases of Children.*

Kerley—*Practice of Pediatrics.*

Griffith—*Care of the Baby and Diseases of Infants and Children.*

Ramsey—*Care and Feeding of Children.*

Hill and Gerstley—*Infant Feeding.*

Morse—*Care and Feeding of Children.*

Kerley—*Short Talks to Young Mothers.*

American Journal of Diseases of Children.

Pamphlets from Children's Bureau, Washington.

Pamphlets from Posture League.

THE JOURNAL INDEX

The Journal publishes an index every year which is sent without charge to those who ask for it. If you are in the habit of binding your Journals, you will need the index and the title page which is printed with it. Even though you may not have the numbers bound, the index is useful for reference for unbound copies. Send your request now, and it will be put on file. The index will probably be ready late in December.

ELEMENTARY MATERIA MEDICA¹

Time: 15 to 20 hours, divided about equally between class and laboratory work.

Teacher: The course is to be given in the first term preferably by a nurse instructor.

OBJECTS OF THE COURSE

1. To familiarize the student with common drugs used as disinfectants and antiseptics, presenting these in groups according to their common characteristics.

2. To insure accuracy and afford practice in making up solutions commonly used by the nurse; to teach tables, arithmetic and method necessary for this purpose.

3. To furnish a basis for the further study of *Materia Medica* and Therapeutics.

OUTLINE OF CLASS AND LABORATORY WORK

Introductory Review of Arithmetic

1 to 5 hours depending on the background of the class. It is suggested that students be asked to review before admission Roman and Arabic numerals, Apothecaries' System of Weights and Measures, fractions, decimals, percentage, etc., and that a test should be given to determine which students might be exempt from further review and what additional hours may be necessary for drill before proceeding with I.

I. *Metric System*

Presentation of Metric System (entire). Assignment of list of approximate equivalents which must be memorized.

II. *Laboratory.*

Drill in metric system and equivalents. Practice in weighing and measuring.

III. *Solutions.*

Characteristics of a solution, solvent, solute, solubility. Common solvents. Saturation and supersaturation. Ionization. Effect of temperature. Change from Fahrenheit to Centigrade. Methods of action as disinfectants. Effects upon bacterial and body cells.

IV. *Laboratory.*

Experiments to demonstrate solubility and give practice in weighing and measuring.

¹These outlines on *Materia Medica* have been prepared by the following Sub-Committee—Stella Goostray, Chairman; Mary Marvin, Hazel Jennings, Maude Muse, Edna Newman.

Making saline solution. Presentation of method of making up solutions from pure drug. Practice.

V. *Common Disinfectants, Antiseptics and Deodorants.*

Presentation of common disinfectants and antiseptics in groups, contrasting and comparing the source, physical and chemical properties, the method of action, factors influencing use, care in handling, etc. Beginning with coal tar group—phenol, creolin, etc.

VI. *Laboratory.*

Presentation of method of making up solutions from stock solutions, practice of solving problems and making up weaker solutions from stock solutions, alternating discussion and practice.

VII. *Common Disinfectants, Antiseptics and Deodorants (Continued).*

The silver and mercuric compounds: bichloride of mercury, silver nitrate, etc.

VIII. *Laboratory.*

Presentation of methods of finding the ratio of strength, and per cent of strength of solutions of unknown strength. Practice. Presentation of method of obtaining fractions of tablets. Practice.

IX. *Common Disinfectants, Antiseptics and Deodorants (Continued).*

The halogens—iodine, etc. Acids and alkalis; calcium chloride, Dakin's solution, Aniline dyes, gaseous disinfectants and essential oils, etc.

X. *Laboratory.*

Making up these solutions. Practice of all types of problems in and out of class.

XI. *Crude Drugs and Pharmaceutical Preparations.*

Demonstration and discussion of crude drugs, active principles and pharmaceutical preparations. (Reading assignments and written reports to teach source of world's drug supply). Drugs in household: selection, storing. Dangers of habit formation. Legal standards and drug legislation.

XII. *Laboratory.*

Experiments to show active principles of plants. Practice in measuring dosage for

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children, etc. Abbreviations. Practice in reading prescriptions.

XIII. Commoner Drugs Applied Locally.

Ointments, liniments, emollients, pastes, plasters, suppositories, etc. Action and methods of application.

XIV. Commoner Poisons and Antidotes.

Studied in groups—acids, metallic salts, alkalis, etc., with general principles for the treatment of poisoning by each type. Demonstration or practice in preparation of general antidotes. Emphasis on care in handling drugs and precautions against poisoning.

XV. Examination—Written and Practical.

Note.—If it is impossible to have the class continue at once with the more advanced course in materia medica and therapeutics, two or three additional hours should be given at this time to the discussion of a few of the drugs used most frequently in the wards, and to the special precautions necessary in the handling of potent drugs such as morphine, strychnine, etc.

METHODS OF TEACHING

1. Use problem and discussion methods when possible. Every practice problem should be one the nurse may later have to solve.

2. Much drill is required to afford proficiency in solving solution problems and in making up solutions commonly used.

EQUIPMENT AND ILLUSTRATIVE MATERIAL

Drugs in different forms. Samples of crude drugs and growing plants when possible. Charts for metric and English systems and all the different kinds of measures—pitchers,

measures, funnels, etc. (a set for each pupil in the laboratory section), and stock bottles of all the common drugs for making up solutions.

TEXT AND REFERENCE BOOKS

Group I. Essential or Very Desirable.

American Medical Association — Useful Drugs.

American Medical Association—New and Non-official Remedies (published yearly).

Blumgarten—Materia Medica for Nurses.

Goostray—Drugs and Solutions.

Parker—Materia Medica for Nurses.

Smith-Upton-Gage — Mathematics for Nurses (pamphlet).

Stimson—Drugs and Solutions.

Group II—Advised for Use of Teachers or Wider Reading by Students.

American Medical Association—Propaganda for Reform.

American Medical Association—Nostrums and Quackery.

Bachmann and Bliss—Essentials of Physiology and Pharmacodynamics.

Bastedo—Materia Medica and Therapeutics.

Brunton—Lectures on Action of Medicine.

Carnrick and Company—Organotherapy.

Hare—Practical Therapeutics.

Osborne—Principles of Therapeutics.

Sollman—Textbook of Pharmacology.

Sainsbury—Drugs and the Drug Habit.

Reprints of this outline may be obtained from Headquarters, National League of Nursing Education, 370 Seventh Avenue, New York City. The price is ten cents per copy. A discount of 25 per cent will be allowed on orders of 25 or more.

SMALLPOX

In 83 large cities of the United States smallpox caused 15,574 cases of illness and 513 deaths during the year 1924. These could have been prevented by vaccination and revaccination. The case rate for smallpox in 1924 (50 cases per 100,000 population) was almost three times the rate for 1923 (18 per 100,000), and the death rate (1.65 per 100,000) was the highest recorded for the large cities in the present series of reports, which was started in 1912.

MIDWIFERY IN NEW JERSEY

Recent figures show that of 76,538 births in the State, 17,645 were delivered by midwives or about 23 per cent of the total births.

In 1919, 946 midwives had been licensed in the State. In 1925, these figures were reduced to 387.

They are compelled to: Care only for the normal case; use silver nitrate 10 per cent as a prophylactic in the eyes of the new born; report all births within five days; summon a physician at first sign of any abnormality in mother or baby during pregnancy, delivery and the lying-in period; refrain from using medical preparations or the use of fluid extract of ergot after the birth of the head of the baby.

Through supervision they are persuaded to insist on at least one complete physical examination during pregnancy and in other ways to raise the standard of midwifery.

MATERIA MEDICA AND THERAPEUTICS

Time: 30 hours. *Materia Medica* and *Therapeutics* should be given the second term of the first year.

Teacher: Physician, nurse instructor, or pharmacist. The instructor should be specially prepared.

OBJECTS OF COURSE

1. To continue the study of drugs in their relation to therapeutics, considering in each instance other therapeutic agencies used to treat disease, and emphasizing the accurate and intelligent administration of medicines and the reporting of results.

2. To teach the commonly used drugs (1) in groups according to the systems affected, and (2) in classes having a similar source or action.

3. To make the nurse familiar with precautions in administration and the methods, physical and psychic, which secure the best action of a drug.

4. To familiarize the student with the toxic doses and physiological limit of the poisonous drugs used in medicine. To make her familiar with idiosyncrasies, incompatibilities, various types of antidotes and other emergency treatments.

OUTLINE OF CLASS WORK

I. Introduction.

Brief history of *materia medica*. Factors influencing the development of modern medicine. Outstanding characteristics of modern medicine. Growing responsibility of nurse. What a nurse should know about each common drug. The advantages of studying drugs in groups and classes. The important laws of drug action (systemic). Terms used to express methods of drug action: cumulative, untoward, etc.

II-IX. Drugs Which Act Chiefly upon Central Nervous System.

Including central stimulants, central depressants, especially caffeine, atropine, camphor, strychnine, the opiates, hypnotics, analgesics and anaesthetics.

X-XI. Drugs Which Act upon Peripheral Nerve Endings.

Diaphoretics, motor stimulants, secretory and motor depressants, local anaesthetics and anodynes, mydriatics and myotics.

XII-XVII. Therapeutic Agencies and Drugs Acting upon the Circulatory System.

Including heart stimulants and depressants, vasomotor constrictors and dilators, and blood stimulants.

XVIII-XIX. Therapeutic Agencies and Drugs Affecting Respiration.

Including respiratory stimulants and sedatives, expectorants and antiseptics.

XX. Mid-term Examination.

XXI-XXIV. Therapeutic Agencies and Drugs Affecting the Digestive System.

Including acids and alkalies, emetics, antiemetics, digestants, stomachics, carminatives, intestinal antiseptics, cathartics, antidiarrheics and anthelmintics.

XXV. Therapeutic Agencies and Drugs Affecting the Urinary System.

Including diuretics and urinary antiseptics.

XXVI. Therapeutic Agencies and Drugs Affecting Metabolism and Nutrition.

Including vitamin products, glandular preparations, cod liver oil, iodized salt, etc.

XXVII. Specifics and So-called Specifics.

Including quinine, optochin, mercury, salvarsan, emetine, radium, atophan and chamoogra oil.

XXVIII. Heliotherapy.

Including sunlight, Alpine light, ultra violet, infra red, X-ray, etc.

XXIX. Serum Therapy.

Serum, vaccines, toxins, pollen extracts, etc.

XXX. Final Examination.

METHODS OF TEACHING

1. Same general principles as outlined under *Elementary Materia Medica*.

2. Every opportunity should be taken to tie up the class work with the ward work. Students should be asked to report on the action of drugs being used on their wards. The teacher should visit the wards and quiz the students on the medicines which are being given to different patients and the effects they have observed. Any unusual action of drugs, such as a drug rash, or any case where a rare or new drug is being used, should be brought

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to the attention of the whole class in the form of a clinic.

3. Frequent short tests, both oral and written, should be given. The analysis of prescriptions to determine the amount of any given drug being given in one dose or in 24 hours, is often helpful.

EQUIPMENT AND ILLUSTRATIVE MATERIAL

Same as under Elementary Materia Medica—also bedside charts.

TEXT AND REFERENCE BOOKS

Same as under Elementary Materia Medica

Reprints of this outline may be obtained from Headquarters, National League of Nursing Education, 370 Seventh Avenue, New York City. The price is ten cents per copy. A discount of 25 per cent will be allowed on orders of 25 or more.

SUGGESTIONS WANTED

Many inquiries have come to the office of the National League of Nursing Education, about the date when the new edition of the Standard Curriculum will be ready. As previously announced, the final publication of the Revised Curriculum is being delayed till a little later in the winter, in order to have the criticism and suggestion of *Journal* readers on the individual outlines which are being issued from month to month in the *Journal*. Up to the present time very few suggestions have come to the Chairman of the Education Committee or to the Executive Secretary of the League at 370 Seventh Avenue, New York City. We are sure this is not from lack of interest on the part of nurses. May we repeat that the Education Committee cordially invites suggestions and criticisms on these tentative outlines and is particularly anxious to get the expert opinion of those who are teaching the various subjects in Nursing Schools. Of course the committee cannot exceed necessary limita-

tions as to time and cannot harmonize radically different points of view. It is very important, however, that omissions, mistakes and unnecessary duplications should be pointed out *now*, in order that corrections can be made before the book is put into permanent form.

I. M. STEWART,

Chairman Education Committee,

N.L.N.E.

THE 1926 CALENDAR

Published by the National League of Nursing Education

As your November *Journal* reaches you, the 1926 Calendar will be coming off the press. Inquiries displaying a keen interest in the Calendar as to theme, general make-up, when it will be ready for distribution are coming into Headquarters, signals of the fact that the League Calendar has become a yearly, looked-for event.

THE NURSE IN POETRY

is the theme of this year's Calendar. Verses of such masters as Robert Louis Stevenson, William Ernest Henley and Longfellow are included in the number. The Committee has spared no effort in searching out and making the collection one of variety and beauty.

THE FRONTISPIECE

was especially designed for the Calendar by the well-known illustrator, Hansen Booth.

Order early. The Calendar will make an artistic and unique GIFT FOR CHRISTMAS. Send orders to National Nursing Headquarters, 370 Seventh Avenue, New York, N. Y. Price \$1.00 per single copy; 75 cents per copy on all orders of fifty or over delivered in one shipment.

DEPARTMENT OF RED CROSS NURSING

CLARA D. NOYES, R.N., DEPARTMENT EDITOR
Director, Nursing Service, American Red Cross

THE JOURNAL'S MAJORITY

THE *JOURNAL* has just attained its full majority; an important event in every one's life. Birthday congratulations ought to mean a big increase among those of its admirers who are Red Cross nurses, many of whom, it is hoped, have lit birthday candles and many more of whom may even yet escape the example of the unwise virgins. For more than fourteen years now, its columns have carried notes of special interest to them. It was in July, 1911, that their great chief, Jane A. Delano, began writing the Red Cross section. So strongly did she feel the importance of the magazine to nurses that for several years her envelopes carried subscription blanks to every one with whom she corresponded. When she died in 1919 Miss Noyes took over the task of editing these columns and month by month news of peculiar application to American Red Cross nurses is given them here.

So the necessity of subscribing to the *Journal* is commended to every Red Cross nurse because of the close coöperation that has existed for so many years and because it has always looked after their interests so splendidly. Its value must be specially stressed not only from the fraternal standpoint, as a means of keeping every nurse in touch with nurses in every country, but also from an even more important aspect, as a means of keeping her in touch with the progress in nursing affairs the world over.

Wherever Miss Noyes has gone in

this tour of the Baltic States, Poland, Austria, the Balkan States and Asia Minor, from which she returned to National Headquarters on October 5, she noted with considerable interest how eagerly the advent of the *Journal* was anticipated, how much it was appreciated in every school of nursing she inspected and with what extreme care it was read. This was particularly true of those nurses in the most isolated posts in Asia Minor. The same fact has been brought out again and again in letters from American Red Cross nurses in India and China, so many thousands of miles away. They know much more about nursing affairs than nurses right here in this country. Just why? Because that which is obtainable with little effort is often overlooked and disregarded. Immediately it becomes inaccessible, its full worth is at once appreciated. There are two facts here that should be turned to account:

First. The *Journal* ought to be read more in this country so that nurses at home will keep as much in touch with nursing affairs as those abroad. The remedy follows if every nurse resident here takes out a subscription for herself.

Second. When a nurse knows a colleague at work in some lonely outpost in little known regions of the earth, she can make a much appreciated gift by subscribing for her so that regularly each month, the latter receives a copy.

Some Red Cross nurses at National Headquarters make a practice of sending their copies to the Far East. No

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one who reads the letters of thanks month by month can fail to thrill with the feeling of appreciation these nurses in the interior of China, for instance, feel at the thoughtfulness which keeps them in touch with their loved profession and their colleagues at home.

AN INTERNATIONAL ROUND TABLE

Ten countries—Belgium, Canada, Denmark, Esthonia, France, Italy, Japan, Norway, Sweden and the United States—participated in the Round Table on Red Cross Nursing Service, over which Miss Noyes presided at the Congress of the International Council of Nurses at Helsingfors. Of the five subjects for discussion, comprising professional standards of admission to and organization of Red Cross Nursing Services, graduate nurse supervision over and preparation of auxiliary Red Cross nursing services, and ways and means of promoting coöperation between Red Cross Societies and professional organizations of nurses, the last aroused the maximum interest. It was felt that these professional organizations should make themselves known to National Red Cross Societies so that cordial relations might be brought about, an official advisory relationship on standards of nursing and other matters pertaining to Red Cross nursing activities set up and—as nurses form an essential part of nearly every National Red Cross program—the feeling established that professional societies of nurses could be of great assistance to the National Red Cross Society in the organization of a nursing service of graduate nurses and, *vice versa*, that Red Cross Societies could be of assistance to professional societies of nurses in countries less well developed than theirs.



TOURING EASTERN EUROPE

From Helsingfors at the conclusion of the International Congress Miss Noyes went via Reval to Riga at the urgent invitation of the Latvian Red Cross. She was accompanied by Helen Bridge, Director of the Warsaw School of Nursing, Hazel Goff, the new Director of the Sofia School of Nursing, and two other American nurses. They received an ovation on arrival from representatives of the Latvian Red Cross, were presented with lovely bouquets of red and white roses—red and white Latvia's colors as well as those of the Red Cross, and were escorted to the home of the Prime Minister, whose wife, Mme. Celmin, a graduate nurse and Chairman, both of the Red Cross and of the National Nurses' Association, had arranged the program. They visited the hospital and school of nursing, the only one, conducted by the Latvian Red Cross, for which the National Nurses'

Association undertakes the maintenance of standards of admission, the reviewing of applications, the arrangement of the curriculum, examinations, graduation and to supply instructors. Graduates of the school are free to serve where they please but are held as a reserve of the local Red Cross nursing service. Visits to a child welfare station, a workshop for the manufacture of artificial limbs and other appliances for ex-service men and to the Red Cross National Headquarters followed.

The journey was continued from Riga to Warsaw where, in four days, Miss Noyes was able to note the advance made in the school of nursing established by the American Red Cross since her last visit in 1923. The best possible proof of this is the high standard of the thirty-seven completed applications on file for this year's class when added to the fact that all intending students pay a fee. A new school building will shortly be built, an appropriation of \$40,000 having been made, available and a similar amount for 1926 having passed the Ministry of the Treasury. As soon as the new building is finished the school will be transferred from its present scattered location and will form a center not only to provide nurses for the University clinics, for the public health central teaching field and for the dispensary but ultimately for the country at large, which project is well under way. Because the Ministries of Health, Education and Labor recognize that well-trained nurses are the essential prerequisites for the betterment of public welfare, pressure is being brought to bear on the school to prepare as large a number of nurses as possible.

In Poznan, where the first modern school of nursing in Poland was established by the American Red Cross in the spring of 1921, Miss Noyes spent one day. The visit was made at the special request of the School Committee and she, with Miss Bridge, the State Health Officer and his assistant, was met at the Railroad Station by the mayor, the city and provincial health officers, members of the Local Committee of the School and Emily Skorupa, its Director. A tour was made of the city; visiting milk stations, garbage plants, sewage systems and the Children's Clinic where students of the school are receiving instruction in the care of children, a plan in contemplation when Miss Noyes was there before, now an established fact. Despite the difficulties brought about by the withdrawal of the School's original teaching field in 1923, at the end of the first two years, and those encountered preparing another, the Committee has held the School together. Results show the tremendous amount of effort and hard work and are also evidence of real devotion to the cause of nursing in Poland.

It is interesting to note incidentally that eight of the Poznan School of Nursing's graduates have been granted Rockefeller Scholarships to study in special public health courses or training school and hospital methods. Three of them are now in America, three in France, one in Toronto and one in Vienna. One of the School's graduates is special public health nursing instructor to the school at Krakow, supported at present by the Rockefeller Foundation; another directs the Children's Clinic at Poznan; and two are to start schools in other cities or towns. So this

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School of Nursing, pioneer in Poland, is serving the finest of foundation purposes—sending its graduates forth to institute work of a similar nature in other parts of the country.

Before Miss Skorupa translated the textbook, *Home Hygiene and Care of the Sick*, into Polish there was no book on nursing in the language. The American nurses believe it wiser to prepare books suitable to Poland rather than to translate American books on nursing and material is being gradually accumulated for this purpose.

Next month the narrative of the journey to the Balkan States and Asia Minor with details of nursing in those countries will be continued. Our space is exhausted.

UNRETURNED BADGES

Another list is appended of those American Red Cross Nurses whose enrollment has been annulled but whose appointment cards and badges have not been returned. Nurses are reminded that these always remain the property of the Red Cross and must be returned to National Headquarters when enrollment is annulled:

Mrs. Lydie Williams Gay, Louise Eva Koenig, Muriel Rosalie Blanche Mader, Mrs. Edith Samuelson (nee Chapman), Elinor Madeline Sanders, Carrie Isabelle Schroepe, Ernestine Elizabeth Shirk, Helen Shultz, Mrs. L. F. Sollee (nee Bessie Boyle), Anna M. Speers, Mrs. John Stanton (nee Rose Eleanor Mulligan), Minnie Leene Stilson, Mrs. Lyda Jane Talge (nee Hummel), Mabel Bertha Taylo, Edythe S. Thornquest, Mrs. Winthrop Tozzini (nee Margaret Kernochan McWilliam), Rose A. Tracy, Mrs. Alfred Treacy (nee Anna Louise Veronica Denby), Bessie Ivetta Trester, Athena Ruth Turner, Genevieve Rose Walker, Mrs. Dora Inez Wilson (nee McMehan), Florence Murial Wilson, Mrs. Geneva Zeiler (nee Dunkle).

ITEMS

Diana G. Milligan, until recently superintendent of nurses, McKeesport Hospital, McKeesport, Pennsylvania, and for three years previously director of the teaching center, Pittsburgh Chapter, as well as secretary of the Local Committee on Red Cross Nursing Service, has been appointed Assistant Director of Home Hygiene and Care of the Sick Service, Midwestern Branch Office, St. Louis. This position, as then announced in the *Journal*, was accepted in February last by Helen Scott Hay, but because of continued ill health Miss Hay has not been able to take up the duties. Miss Milligan went overseas in the first place with the Army Nurse Corps early in 1918, and saw service in France before being transferred, early in 1920, to American Red Cross service in Warsaw and elsewhere in Poland.

Rachel Torrance, Director of the Sofia School of Nursing, Bulgaria, since October, 1922, has resigned. She returned to this country with Miss Noyes on the "Sinaia," arriving early in October. Hazel Goff, who went to Sofia in September, last year, as was then announced in the *Journal*, becomes the new Director. Ever since 1914 Miss Torrance has been on duty in some part or other of Europe with the exception of an interval in 1921 when she came home on leave. A 1911 graduate of St. Luke's Hospital, New York, she was assigned in 1914 to the American Red Cross Hospital in Kiev, Russia. From there she went to Sofia with Helen Scott Hay when the Queen's School of Nursing was established in 1915. When work there stopped on Bulgaria's entrance into the war she worked under the American Red Cross in civilian relief. In 1918 she was appointed to the Commission for the Balkan States and went to North Serbia, being released later to the Balkan staff as Assistant Chief Nurse, after which she was transferred to the European Commission. She came home late in 1920 but sailed once more for the Balkans in the fall of 1921. From Prague, where she was Field Supervisor, she went to Sofia when she was appointed Director of the Red Cross School of Nursing established in 1922. She has worked to such purpose among these Eastern races, whom she understands in an unusual degree, that her title locally is "The Florence Nightingale of the Balkans."

STUDENT NURSES' PAGE

OUR BIBLE CLASS¹

BY HAZEL FAYE HOYT

Kahler Hospital, Rochester, Minn.

GIRLS OF other schools, have you some one in your school whose influence for good is felt by all around her? If you have, no doubt you will find her a student of the Bible and a possessor of the true Christian spirit. With this person for a nucleus, organize a Bible class as we have, and develop the spiritual side of your natures. You will enjoy it and reap a rich benefit.

Let me tell you of our Bible class at the Kahler School of Nursing in Rochester, Minnesota. This is the fourth year of its existence. It meets weekly and grows in numbers and enthusiasm as time goes on. Our leader is a member of the faculty whom we all love and admire.

It seems to be best for us not to have a definite book of study, as duty interferes with regular attendance and members stay away rather than come unprepared. The plan, which we are now following most successfully, is for our leader, or some one appointed, to talk on a chosen subject or chapter and to follow this with a general discussion.

Roll call is answered by a verse from the chapter under discussion or one relating to the subject for the night. At the first meeting of the New Year we went through our Bibles and marked

¹Students in St. Mary's Hospital School of Nursing are also members of this class.

verses which different ones had found useful to them, making our Bible reference books in time of need, as well as daily helpers.

Once a month we have our missionary meeting with a special speaker if we are fortunate enough to secure one, and in Rochester this is not difficult as missionaries often visit here. This meeting is followed by a social hour and tea is served. Recently we had a debate, the subject being, "Are

Foreign Missions More Essential Than Home Missions?"

To have a real part in mission work, we support a native missionary associated with the China Inland Mission. A Missionary patient in one of our hospitals was the first one to interest us in the native missionaries of China and now we receive letters telling of the use to which our gift is put. At one time the money we sent in excess of the salary, made it possible for a Chinese girl to receive the medical attention she needed for her eyes, so that she could complete her school year. And now one of our own members, Miss Elsiemae Buttles has prepared to sail for China to work in the same mission.

Nor are these our only activities. After we have graduated and look back on our school days, one of the outstanding memories will be a Thanksgiving basket, which we packed and took to a



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group of brown-eyed youngsters and the Christmas tree that we trimmed in a room so cold that we knew the wool socks for Johnny and the flannelette gown for Mary would be welcome gifts. Of course toys and candy were not forgotten. Our only regret was that we could not peep in at break of day to see the children's happy faces.

In Summer our enthusiasm does not lag and we combine our meetings with a picnic supper in God's Out-of-doors.

Oh, how the sight of the greater things enlarges the eyes!

Drew me away from myself to the peace of the hills and the skies!

* * * * *

Wonderful Spirit of trust that abides in Nature's breast!

Teach how to confide, and live my life, and rest.

We carry away from each meeting a helpful message from our leader, and the inspiration of our closing motto which we say in unison:

Study to show thyself approved unto God, a workman that needeth not to be ashamed, rightly dividing the word of truth.

Let the words of my mouth and the meditation of my heart be acceptable in thy sight, oh Lord, my strength and my Redeemer.

ARE YOUR CHILDREN PROTECTED AGAINST DIPHTHERIA?

Small children, particularly those between six months and ten years of age, are especially susceptible to diphtheria. These children may be protected against the disease by the very simple toxin antitoxin treatment.

Good reasons for having your child protected against diphtheria now, are:

1. Diphtheria is likely to be prevalent this year. Diphtheria is a disease in which every third or fourth year is apt to be one of high incidence. Detroit has just had three years in which there has been very little diphtheria. This is the fourth year.

2. Diphtheria usually increases in November and reaches its greatest number of cases in

January. Toxin antitoxin will protect your children but not until several months after it has been given. If you want protection for diphtheria this winter and next spring, toxin antitoxin should be taken immediately.

3. While as yet there has been no increase in the number of cases of diphtheria, many of the more recent cases have been of a severe nature.

4. Regardless of the trend of the disease this year diphtheria is always present in the community and you never know when your child may be exposed to it.

It is especially desirable to have small children immunized for:

1. They are the most susceptible. The younger the children the more susceptible they are after they have reached six months of age.

2. The younger the child the less the reaction to the toxin antitoxin treatment. Small children as a rule have practically no reaction after its administration.

Ask your physician about toxin antitoxin.
—From *Weekly Health Review*, Detroit, Mich.

NIECE OF CHRISTMAS SEAL INVENTOR LIVING IN EVANSTON

Mrs. Theodore B. Sachs, Superintendent of the Chicago Tuberculosis Institute, reports a delightful little incident that occurred in connection with the sale of Christmas seals.

A lady who called at the health center in Evanston to purchase her supply of seals, fell into conversation with the nurse for the Evanston Tuberculosis Association, a branch of the Chicago Tuberculosis Institute. She said that she herself was a nurse now on private duty and also that she was the niece of Einar Holboell, the inventor of the Christmas seal. Her name is Britha Brunn and her home is at 641 Library Place, Evanston.

Mr. Holboell is a Dane and when he was a postal clerk in Denmark in 1907 he thought of the seals to raise funds for fighting tuberculosis. Since that time the idea has crossed the sea and has grown both in Denmark and in this country to such an extent that it amounts to millions and supports one of the leading modern philanthropies.

Mr. Holboell himself visited this country in the spring of 1924 and spoke at the annual conference of the National Tuberculosis Association in Atlanta.

LETTERS TO THE EDITOR

The editors are not responsible for opinions expressed in this department. Letters should not exceed 250 words and should be accompanied by the name and address of the writer.

FILLING THE GAP

DEAR EDITOR: Twenty-four hours before the Alumnae Dinner, 25th Annual State Convention of the Graduate Nurses' Association of Virginia, at Charlottesville, I was the most sanguine Dinner Chairman who ever planned a perfect program; one hour later, with twenty-three hours to go, when a flock of disasters cleaned out my entire program with the exception of three three-minute talks, I bit the dust. Illness had claimed the principal speaker, and "The Trial," a burlesque skit, flunked and faded before my very eyes. I was figuratively sneaking out the door marked "Exit" when I learned that 129 guests had registered for the dinner. I was blocked.

After several agonizing hours, with dinner only six hours away, a bright idea was fairly "bumped" into my head by the jolts of a delapidated Ford in which I was showing one of our distinguished guests the beauties of Virginia (above the road beds).

Would you be interested in a dinner idea, conceived and developed under such prenatal influences—circumstances such as you may sometime be called upon to face?

The tables were arranged most attractively; the dinner a typical Virginia one. Guests of honor were seated at a cross table, giving me wonderful opportunity to hear interesting things elsewhere. First came roll call; then yearly reports from Alumnae Associations including their plans for the coming year. Enthusiasm waxed warm as member after member pledged herself as a founder of the Fund for a Chair of Nursing, so that when I came to my intended apology for a lack of program, it became instead the introduction of one of the jolliest evenings imaginable.

Frances Ott had, the day before, between Ford bumps, accused nurses of not playing enough and said that lack of play makes one dull; we wanted to prove to her satisfaction that lack of play was not responsible for our stupidity. I used her idea to get the party going.

I called upon one person at a time to stand, tell her name and initials, the branch of nursing to which she belonged or what she did,

and to then state what she would rather be if she were not what she was, in words beginning with her initials—as, "I am Frances Ott, my initials are F. O. I am a private duty nurse. If I were not what I am, I would rather be a Funny Owl." Or, "I am Carolyn E. Gray. My initials are C. E. G. I am a teacher at Teachers College, New York. If I were not what I am I would rather be Continuous Eating Guest." And so forth. Of course, I wouldn't dare tell anyone but you, but just imagine the fun by the time twenty had told what they would rather be!

There followed interesting talks on the opportunities of the Alumnae Association by Misses Virginia Thacker, Nora S. Hamner and Agnes Randolph. Major Stimson's article in the *May Journal* was just what I have wanted to say to the nurses for so long that I was tempted to read it word for word, for fear some might have missed it.

The story with which the program closed went something like this: "A preacher was given a new charge. The first Sunday he preached ten minutes; the second and third Sundays, ten minutes. A Committee called upon him and said: 'Parson, we like your sermons but they are too short. What's the trouble?' 'Dental,' said the Parson. 'Pray consult a dentist and have the trouble corrected,' the committee urged. He did. The next Sunday he preached for an hour and one-half; the second and third Sundays he preached for an hour and one-half—so the same committee called again and said: 'Parson, we like your sermons but they are too long; what's the trouble?' To which the preacher again replied 'Dental.' 'But,' argued the committee, 'You said that before and we advised you to consult a dentist.' Then the parson explained: 'Well, it's like this—I had to have a new set of teeth, so I sent to Sears-Roebuck for them, and they made a mistake and sent me a set of women's teeth, and I haven't been able to stop talking since.'"

To the fact that every nurse present at the Alumnae dinner was fortunate enough to possess a set of these teeth is due the wonderful success of the impromptu program.

Virginia.

RUTH EPPERSON, R.N.

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PRIVATE DUTY NURSING

DEAR EDITOR: I am glad that Dr. Halsey De Wolfe has written for the *American Journal of Nursing* about the private duty nurse. I am one, and would like to state my views of the Private Duty situation today.

Candidly I am sure the private duty nurse today is much the same as the private nurse of the past, but she is more enlightened; by this, I mean, that our educational standards have been raised in every state, thereby increasing our knowledge along wider lines of usefulness. This has been a great uplift to our profession. Some years ago, I believe, the medical profession had just such an upheaval with good results.

Nurses today are just as loyal to the physician, their patients and families as they ever were, but let me say here that the nurse has ceased to be a woman who knows nothing but the physician's orders and the sick room. She has been schooled by the best medical men in this country on the rules of health, how to live, and teach health to others. The private duty nurse is the greatest missionary the medical profession has. She does this "free of charge" in every house where she is called and people believe in her, too, thus strengthening the position of the medical profession. For this truly is the day of quacks and no one knows better than the conscientious nurse the harm that is being worked every where by those imposters.

Long Beach, Calif.

J. K. R., R.N.

PRIVATE DUTY PROBLEMS

DEAR EDITOR: You asked us to tell you our troubles in the September issue, and after reading some very fine articles on "The Spirit of Nursing," "What Does the Public Expect of the Private Duty Nurse?" "The Report of the International Council," etc., I thought I would like to share with you a few of my perplexed thoughts.

The Journal, and the *Trained Nurse* have, many times, helped to keep our faith and altruistic ideals at a high level; but how are we as private duty nurses coping with the financial situation in its relation to illness in the middle-class home?

Let me begin my remarks by saying that I am fully aware of the high cost of living. Now in the British Isles the nurses' salary is

£3.3 (three guineas) a week (about \$15. Ed.). They do just twelve hour duty. Here, I think \$25 per week would repay us sufficiently for the same time. And yet, what have we? Nurses demanding \$6 to \$8 per day.

My experience has taught me that the great majority of people simply abhor the thought of a trained nurse on account of the expense entailed. I do not approve of twenty-four hour duty; where necessary, two nurses ought to be on duty, and I consider \$25 per week each sufficient for their services.

In time, I hope nursing will become a community interest, so that the health of a great many who cannot afford the high prices will be properly cared for, and at the same time the nurse will be assured of a living wage.

As the situation stands today, the word charity may be translated into dollars, letter for letter.

It is a great pity that the true spirit of nursing should suffer at the hands of those who seek Mammon before God.

Every private duty nurse ought to feel at liberty to suit her charges to the individual needs of the family she serves.

And again, experience has taught me that there are not many families who can afford to pay a nurse \$6 to \$8 per day.

Malden, Mass.

L. M. Q.

FROM BURMA

DEAR EDITOR: Your card requesting the branch of nursing in which I am engaged, arrived only this week. It would be very difficult for me to answer such a question directly, since at the present time I am engaged in Mission work. I am in charge of a fifty bed hospital, trying to train a few native nurses, but finding it a little difficult as we have no doctor at the present time and so I am attempting to do the work of a physician until one arrives this fall.

I have been here only six months and during this time we have treated over five thousand cases in our hospital and dispensary. These figures require explanation, since many of them are school children with minor diseases, dressing cases, etc., which we treat daily. We have many obstetrical cases. Of course malaria, tuberculosis, typhoid, and pneumonia,

as well as black water fever are common diseases here and tax our strength to the limit. I realize all this is not my real work and yet when there is no doctor we are forced to do our best to meet the needs. This type of nursing, if nursing it may be called, is very fascinating, but a little difficult to classify. My chief aim is to train student nurses to meet one of the greatest needs in Burma, that of better health and hygiene. I shall really get into this work as soon as a doctor arrives, so you may register me as Nursing Instructress in a Mission Training School, if you desire.

(Signed) ELVA JENKINS.

JOURNALS WANTED

DEAR EDITOR: Would some of your subscribers who do not keep their *Journals* like to send them, as they finish with

them, to me for distribution? We need them in Belgium, but haven't the money to pay for them. (Mlle.) CECILE MECHELYNCK,

L'Association des Infirmeries Visiteuses,
Bruxelles, 33, Rue Coroly,
Belgium.

Rev. C. B. Moulinier, S.J., President of the Catholic Hospital Association is anxious to secure a full set of the *Journal* for the library of the new College of Hospital Administration. Nurses willing to donate back numbers of the *Journal* for this important library are requested to write Father Moulinier, stating the issues which are available. Address 124 Thirteenth Street, Milwaukee, Wis.

Carrie Bartholomew, Visiting Nurse Association, 2157 Euclid Avenue, Cleveland, Ohio, would like to purchase a copy of November, 1924, *Journal*.

QUESTIONS AND ANSWERS

The editors will welcome questions and will endeavor to secure authoritative answers for them.

13. Has anything yet been done in regard to allowing male nurses to enter the Red Cross Nursing Service?

Answer. Formerly we enrolled male nurses providing they met all of the requirements. We found, however, during the World War that they would not be accepted by the War Department on the same basis as women nurses. They were obliged to enlist in the regular manner, then they were assigned to

the hospital corps. Inasmuch as this was the case during the recent war, we have had few applications since. As the primary purpose of the enrollment is the reserve of the Army Nurse Corps, and this condition exists as far as male nurses are concerned, we have done nothing to stimulate interest on the part of male nurses in enrolling in our service.

CLARA D. NOYES,

Director of Nursing Service, A.R.C.

LECTURES FOR NURSES

The Chicago Tuberculosis Institute is offering a course of lectures for nurses which will provide opportunity to hear prominent authorities on various health subjects of interest. The lectures are given in four hospitals, —Grant, Presbyterian, Engelwood and Mercy. Julia C. Lathrop, former chief of the Children's Bureau, spoke in October.

Subjects for November and December lectures are: Training of Children in Health Habits, Early History of Tuberculosis and Modern Conception of the Disease, Specific Treatment in Tuberculosis, Dispensary and Sanatorium Treatment of Tuberculosis, Prevention of Blindness, Mental Health in the School Child, Maternal and Infant Welfare,

Recreation and Its Bearing upon Health, Oral Hygiene, Municipal Water and Milk Supplies, Health and Employment, Infantile Paralysis, Delinquency, Prevention of Heart Disease in Children, the Public Health Nurse in the Schools, Medical and Social Education of the Layman, Immigration, Nutrition.

A NEW COMBINATION RATE

The *American Journal of Nursing* and The *Canadian Nurse* have decided upon a combination price for the two magazine. Separately, they cost,—*Journal*, \$3; *Canadian Nurse*, \$2; postage, 50 cents; a total of \$5.50. By subscribing for the two together, the price will be \$4.75. The subscription for the journals may be sent to either magazine.

NURSING NEWS AND ANNOUNCEMENTS

AMERICAN NURSES' ASSOCIATION

Anagrams, the new bulletin of the American Nurses' Association was issued by headquarters for the first time in September, and at the time the *Journal* went to press, over 7,000 copies had been sent to all parts of the country.

Nursing news and information of special interest to nurses will be carried in *Anagrams*, and it is believed that the bulletin will prove of big publicity value. The next issue will be sent out as soon as the news material can be assembled.

Headquarters is working out a program to get the bulletin over to the individual nurses of the country. The matter was simplified last month by the fact that so many states were holding their annual meetings.

Returning from Clarksburg, W. V., where she attended the annual meeting of the West Virginia State Nurses' Association, Agnes G. Deans, the Director, brings back glowing accounts of the constructive work done in the legislative field in the state which had its climax in the passage of a law on registration. She reports the splendid support of nursing by the medical profession shown by the fact that six physicians appeared on the program. Their excellent addresses were received with great enthusiasm. One of the convention high lights was a luncheon attended by representatives of the Rotary, Kiwanis, and Lions clubs who showed that business men are also behind West Virginia nurses.

Progressive action in the nurses' profession is taking place in Ohio, Indiana and Massachusetts, Edith J. L. Clapp, Field Secretary of the American Nurses' Association, said after visiting an institute and annual meetings of the three states.

In spite of a blizzard and freezing temperature, the Massachusetts State Nurses' Association had a full attendance at its annual meeting. The solidarity of the nursing interests in the state was brought out in every session at Pittsfield.

At Fort Wayne, Ind., Miss Clapp found a strong coöperative spirit at the annual convention of the Indiana State Nurses' Association,

and received favorable impressions of good accomplishments emerging from an active year. Indiana has added a third day to its state board examinations, to be given wholly to nursing procedure.

The fall convention of the Ohio State Nurses' Association was unique in that it consisted of an institute of a general character covering all phases of nursing. Keen interest was aroused in the convention plan, and the strong support of the nursing profession was shown in the unusual attendance.

Strong enthusiasm and a fine organization spirit were found at the annual meeting of the Kansas State Nurses' Association at Topeka by Lillian L. White, Field Secretary of the American Nurses' Association. Miss White said that constructive action was taken on the by-laws at the meeting and that central registries were a point of interest in the discussion.

West Virginia goes on record as the first state to go over the top in 1926 membership dues to the American Nurses' Association. She has also announced the dates of the 1926 meeting at Parkersburg as September 23, 24 and 25.

NURSES' RELIEF FUND

REPORT FOR SEPTEMBER, 1925

Balance on hand, August 31, 1925- \$21,232.64
Interest on bonds ----- 450.69

Receipts

California: Dist. 1, Alameda County, \$3; Dist. 3, Humboldt County, \$21; Dist. 13, Santa Cruz County, \$2; Dist. 17, San Luis Obispo County, \$13; Dist. 22, Pasadena and vicinity, \$14... 53.00
Florida: State Nurses' Assn..... 63.50
Indiana: Grant City Hosp. Alum. Assn., Marion, \$14; St. Margaret's Hosp. Alum. Assn., Hammond, \$7; St. Anthony's Hosp. Alum. Assn., Terre Haute, \$17; City Hospital Alum. Assn., Indianapolis, \$30; St. Vincent's Hosp. Alum. Assn., Indianapolis, \$94; Deaconess Hosp. Alum. Assn., Indianapolis, \$83;

Eastman Hosp. Alum. Assn., Indianapolis, \$20; Good Samaritan Hosp. Alum. Assn., Kokomo, \$10; individual members, \$31	306.00
Maine: General Hosp. Alum. Assn.	39.00
Michigan: Bay City Dist.	6.00
New Hampshire: Littleton Hosp. Alum. Assn.	5.00
New Jersey: Dist. 2	1.00
New York: Dist. 7, Broad St. Hosp. Nurses' Alum. Assn., \$10; Dist. 9, St. Peter's Hosp. Alum. Assn., \$50	60.00
North Carolina: Dist 2, Winston-Salem	61.00
Pennsylvania: Pottstown Hosp. Nurses' Alum. Assn., 4 members	5.00
Vermont: State Nurses' Assn., \$25; Mary Fletcher Hosp. Alum. Assn., \$15; Rutland Hosp. Alum. Assn., \$10; St. Albans Hosp. Alum. Assn., \$10; Heaton Hosp. Alum. Assn., \$10; Fanny Allen Hosp. Alum. Assn., \$5; Proctor Hosp. Alum. Assn., \$2; Barre City Hosp. Alum. Assn., \$2	79.00
West Virginia: Individual, Martinsburg	10.00
Wisconsin: First Dist. Assn., \$25; individual, \$1	26.00
Wyoming: Natrona County Registered Nurses' Assn.	15.00
Total receipts	\$22,412.83

Disbursements

Paid to 79 applicants	\$1,175.00
Check from North Carolina, Dist 2, Winston-Salem returned by bank	61.00
Protest fees	1.00
Exchange charge for August	.80
Total disbursements	1,237.80
Balance on hand, Sept. 30, 1925	\$21,175.03
Invested funds	83,531.14
Balance in American Nurses' Association Nurses' Relief Fund Savings Account	5,053.18
	\$109,759.35

All contributions to the Nurses' Relief Fund should be made payable to the Nurses' Relief Fund and sent to the State Chairman; she, in turn, will mail the checks to the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. If the address of the Chairman of the State Committee on the Relief Fund is not known, then mail the checks to the Headquarters office of the American Nurses' Association, 370 Seventh Avenue, New York, N. Y. Requests for leaflets should be sent to the Director at the same address. For application blanks for beneficiaries and other information, address Elizabeth E. Golding, Chairman, 317 West 45th Street, New York, N. Y.

THE ISABEL HAMPTON ROBB MEMORIAL FUND

REPORT TO OCTOBER 10, 1925

Previously acknowledged..... \$30,053.94

Receipts

Indiana: State Nurses' Association, Dist. 1	5.00
Iowa: Dist. 6	10.00
New York: State Nurses' Association	25.00
Total	\$30,093.94

THE McISAAC LOAN FUND

REPORT TO OCTOBER 10, 1925

September 9, balance..... \$441.79

Receipts

Indiana: District 1	5.00
Iowa: District 6	20.00
Balance	\$466.79

Contributions to these two funds are solicited from nursing organizations and from individuals. Checks should be made out separately to Mary M. Riddle, Treasurer, and sent to her in care of *The American Journal of Nursing*, 19 West Main Street, Rochester, N. Y.

THE NATIONAL ASSOCIATION OF COLORED NURSES held its eighteenth annual convention on August 18-20, at Ebenezer Church, Jacksonville, Fla., one of the best on record. A Student Aid Fund was started and is to be maintained by an assessment of \$1 per year

for each member. Its object is to help some worthy girl in preparing herself for the highest field of service in the nursing profession, the course to be chosen by the individual. This is something worthy and tangible and should be supported by each member of the organization. At the morning session occurred the registration, payment of dues, song, invocation, roll call and other business, followed by music by the Brewster Hospital Alumnae. The first public meeting was held in the Bethel Baptist Institutional Church. The National negro hymn was sung. The addresses of welcome were hearty and well received. The mayor of the city, Hon. Mr. Alsop, welcomed the association graciously and spoke in glowing terms of the race. This is the first gathering of the group to be graced with the presence of the Mayor. The address of welcome in behalf of the local Association of Graduate Nurses was given by Mrs. J. R. Scott; the Medical Association of Jacksonville, by Dr. C. V. Freeman; the Women's Federated Clubs, by Mrs. S. G. Baker; all were filled with heartfelt expressions of welcome as was the address in behalf of the fraternal organization, by Mrs. A. L. Anderson, which was indeed a masterpiece. Mrs. H. M. Bright, of Prairie View, Texas, responded in a very scholarly manner which was enjoyed by all. The President's address by Petra Pinn, of Palm Beach, was full of instructions and resolutions for the betterment of the association, and in well chosen words an appeal was made for better coöperation and more interest in the affairs of the Association. Many interesting and instructive addresses were heard: Mrs. Laura Jean Reid, Director, Bureau of Child Welfare and Public Health Nursing; Mrs. Estell E. Bonner, State Public Health Nurse and Instructor of Midwives; H. H. Middleton on Home Nursing and Care of the Sick; Dr. I. E. Williams, Jacksonville, on Venereal Disease and Its Effects on Children; Dr. William Neale Frayser, Macon, Ga., X-ray and Nervous Diseases; Mrs. Millie E. Hale, Superintendent of M. E. Hale Hospital, Nashville, Tenn., Hospital Management; Bertha E. Dean, Superintendent, Brewster Hospital, Jacksonville, The Training School—Its Responsibility to the Hospital. The program was interspersed with music. A sightseeing trip given

by the local Medical Association in cars of the best make terminated at Manhattan Beach. After indulging in the surf, dinner was served. The banquet was given by the local nurses' association in the auditorium of the K. of P. Building. The picnic to Florida Normal and Industrial Institution, St. Augustine, sponsored by the citizens of St. Augustine and led by Dr. Leon J. Reid, was an educational as well as a social treat. The report would be incomplete without mention of the splendid health motion picture, "Does It Pay." Many wholesale houses kindly donated samples to be given to the delegates and there was health literature in abundance to be given to the public. The local committee deserves great credit for the splendid program which was so successfully carried out. The officers elected were: President, Petra Pinn, West Palm Beach; vice presidents, Carrie Bullock, Chicago, Ill., Mrs. W. Fraasier, Washington, D. C.; recording secretary, Mrs. J. V. Reid, Jacksonville; corresponding secretary, Willa Mack, Kansas City, Mo.; financial secretary, Mrs. A. B. King, Norfolk, Va.; treasurer, A. A. Nelson, Columbia, S. C. The next meeting will be held in Philadelphia, Pa., August, 1926.

ARMY NURSE CORPS

During the month of September, 1925, the following named members of the Army Nurse Corps were transferred to the stations indicated: To William Beaumont General Hospital, El Paso, Tex., 2nd Lieut. Lenore Kisan; to Fitzsimons General Hospital, Denver, Colo., 1st Lieut. Rosanna King, 2nd Lieut. Rosene Wentz; to General Dispensary, Boston, Mass., 1st Lieut. Maude Bowman; to Jefferson Barracks, Missouri, 2nd Lieut. Laura Broghamer; to Letterman General Hospital, San Francisco, Calif., 1st Lieut. Edna M. Rockafellow, 2nd Lieuts. Helena Austin, Mathilde M. Peterson; to Walter Reed General Hospital, Wash., D. C., 2nd Lieuts. Clara L. Bemis, Edith M. Shoemaker; to Station Hospital, Fort Sam Houston, Texas, 2nd Lieut. Elizabeth Kenny.

The following named, previously reported separated from the service, have been reassigned: To Letterman General Hospital, San Francisco, Calif., 2nd Lieuts. Annie Laurie MacDonnell, Hartie Noel Mickel; to Walter Reed General Hospital, Wash., D. C.,

2nd Lieuts. Helena Clearwater, Marguerite H. Wohlers.

Seventeen nurses have been admitted to the Corps as 2nd Lieutenants.

The following named are under orders for separation from the Corps: 2nd Lieuts. Irma Allen, Providence, R. I. Anderson, Dorcas Churchill Avery, Lillian F. Baker, Alvine Becker, Lura B. Black, Ruth Blackburn, Helen Chapman, Mabel Chickering, Agnes Colgan, Clara H. Cunningham, Alice Denise, M. Margaret Donohoe, Amelia Felicia Hanna, Katherine C. Hannan, Sara A. Hoey, Annie M. Gregg, Mary H. Kuffel, Lillian McGuire, Grace Virginia Perry, Esther A. Stephens, Emma T. Waldron.

ARMY SCHOOL OF NURSING

Beginning with this fall, but one class of students will be admitted each year to the Army School of Nursing. On October 1, a class of sixty was admitted. The total number at the school is to be limited to one hundred and fifty.

JULIA C. STIMSON,
Major, Supt., Army Nurse Corps; Dean, Army School of Nursing.

NAVY NURSE CORPS

During the month of September three nurses were appointed and assigned to duty.

Transfers: To Chelsea, Mass., Lillian Hankey, Chief Nurse; Bertha I. Myers, Chief Nurse; to Pensacola, Fla., Hester E. Nelson, Reserve Nurse; to Portsmouth, N. H., Edith N. Lindquist, Chief Nurse; to Puget Sound, Wash., Sara M. Cox, Chief Nurse; to San Diego, Calif., Mollie Detweiler, Chief Nurse; Lydia B. Ranson, Nurse, U.S.N.; to Washington, D. C., Myn M. Hoffman, Chief Nurse.

Honorable Discharge: Lottie G. Williamson, Elsie Louise Jarvis, Pauline L. Spann, Nellie E. Treuthart, Marion F. O'Connor.

Resignations: Margaret-Mary Schorn, Florence W. Fout.

J. BEATRICE BOWMAN,
Superintendent, Navy Nurse Corps.

U. S. PUBLIC HEALTH SERVICE

The following transfers, reinstatements and assignments have been made in the U. S. Public Health Service during the month of September:

Transfers: Nell George, to Mobile, Ala.; Aubrey Hickman, to Savannah, Ga.; Anna Walsh, to Ellis Island, N. Y.; Mary Fitz-

patrick, to Gallops Island, Mass.; Freda Stilli, to Hudson Street, New York City.

Reinstatements: Minnie Macdonald, Bertha Mason, Bertha Diener.

New Assignments: Eleven.

LUCY MINNIGERODE,
Superintendent of Nurses, U.S.P.H.S.

UNITED STATES VETERANS' BUREAU

Assignments to Hospital Service during September: Forty-five.

Assignments to Field Service: None.

Transfers: To Algiers, La., Emily A. Jumel, Belle Boykin; to Excelsior Springs, Mo.; Katherine Hegerty; to Boise, Idaho, Mary J. Nash; to American Lake, Wash., Maud Agnes Allen; to N. Little Rock, Ark., Anna F. Barnes; to Augusta, Ga., Louise Wells, Floy M. Trudel, Ora B. Jacobs; to Camp Custer, Mich., Marie A. Olson.

The U. S. Veterans' Bureau Advisory Committee of Nurses met with the U. S. Veterans' Medical Council, October 22, 23, 24, 1925.

The new hospital at Aspinwall was opened for the reception of patients, October 10, 1925. This hospital is for the care of the tuberculous.

MARY A. HICKEY,
Superintendent of Nurses.

BRITISH NURSES

British nurses serving out of their own country are urged by the College of Nursing, Ltd., to make application for membership. It is to be recalled that the College is now affiliated with the National Council of Trained Nurses. The College of Nursing allowed a period of grace for nurses to join before insisting upon eligibility for State Registration as one of the qualifications for membership. This period ends December 31, 1925. After that time, applicants shall hold a certificate of three years' training in an approved school or schools and shall be eligible to sit for the examination admitting them to the General Part of the Register constituted under the Nurses' Registration Act, 1919, of England and Wales, Scotland and Ireland. Address Secretary, College of Nursing, Ltd., Henrietta Street, London, W. I.

California: San Francisco.—D. Dean Urch has resigned her position as Director of the School of Nursing at the San Francisco Hospital, to become Assistant Inspector of Schools of Nursing for the State Bureau of

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Registration of Nurses. Miss Urch will have charge of the office at 823 Pacific Finance Building, Los Angeles. She plans to use the conference method extensively in her work with the schools. Sarah G. White, Instructor in the Theory of Nursing at Stanford School of Nursing for three years, has resigned to become Inspector of Schools of Nursing in Northern California. She is succeeded by Ann H. Gardiner, a graduate of Massachusetts General Hospital School of Nursing and of Teachers College, New York City.

Colorado: THE COLORADO STATE BOARD OF NURSE EXAMINERS will hold its twentieth annual meeting in Denver on December 1, 2 and 3, 1925, to examine nurses for a license to work in Colorado. Apply to the Secretary, Louise Perrin, R.N., Capitol Building, Denver, Colorado.

District of Columbia: At the annual meeting of the DISTRICT OF COLUMBIA LEAGUE OF NURSING EDUCATION, the following officers were elected: President, Julia C. Stimson, Major, Army Nurse Corps (re-elected); vice president, Ida F. Baker, American National Red Cross; secretary-treasurer, Mrs. Isabelle W. Baker, American National Red Cross (re-elected). The meeting was held in the Gallinger Municipal Hospital. After the business session Elizabeth Melby and Theda Schulte gave short accounts of their trip to Helsingfors.

Florida: THE FLORIDA STATE NURSES' ASSOCIATION will hold its annual meeting November 16 and 17, in Daytona.

Georgia: THE GEORGIA STATE ASSOCIATION OF GRADUATE NURSES will hold its nineteenth Annual Convention in Augusta, November 23-25.

Illinois: Fifteen states and Hawaii were represented by the attendance of 19 sisters and 81 nurses at the Institute of the Illinois League of Nursing Education held in Chicago in September under the direction of May Kennedy. They registered as follows: Superintendent of Nurses, 25; Supervisors, 15; Private Duty, 12; Public Health, 19; Instructors, 15; General Duty, 5; Students, 3; unemployed, 6. Of the total registration, 34 had completed high school and 19 had one or more years of college work. Attention was primarily focussed on the series of 11 lectures each on Psychology by Prof. W. E. Blatz;

Sociology by Prof. W. L. Bailey, who so stimulated the National League at its annual meeting in Minneapolis; and Principles of Teaching by May Kennedy. Many letters of appreciation indicate the remarkable value of this type of institute to nurses who are prevented by lack of time, money, or incentive from taking the longer postgraduate courses.

Chicago.—Sister Mary Veronica who has been a nurse at Mercy Hospital for twenty-five years, has been appointed head of that institution. Mercy Hospital is the oldest as well as one of the largest hospitals in Chicago. Ada Koebke, of St. Mary's School for Nurses, Rochester, Minn., who received her degree at Teachers College, in June, has accepted the position of Educational Director at the Ravenswood Hospital School for Nurses.

Peoria.—THE SEVENTH DISTRICT ASSOCIATION OF GRADUATE NURSES held a meeting October 2, at the First Methodist Church. A very interesting program was arranged by the Private Duty Section of the District, assisted by nurses from the different hospitals. THE METHODIST HOSPITAL ALUMNAE ASSOCIATION gave a pageant on the history of nursing from 500 A. D. and included the characters of Sisters of Mercy, Sairey Gamp and Betsy Prigg, Frederika Munster Flidner, Modern American Deaconess, Florence Nightingale, Civil War Soldiers and Sisters of Charity, Jane Delano, American Red Cross and Army Nurses and Goddess of Liberty. The Proctor Hospital Alumnae Association gave a pantomime which included characters of prominent nurses in private duty work from 1700 A. D. as follows: Florence Nightingale, Nurse in American War 1854, Aunt Lizzie Aikins, 1861 Civil War Nurse and a Peoria Woman, World War Army Nurse, Linda Richards, America's first trained Nurse, student nurse of 1877, present-day student nurse, Lillian Wald, founder of nurses' settlement work in New York City in 1890, Jane Delano, Red Cross leader and who died in service overseas in the World War, Public Health Nurse, Flapper of 1924, Present Red Cross Nurse, Private Duty Nurse, a tiny three-year old, representing the Nurse of To-morrow. The program was in keeping with the Centennial celebration which Peoria was holding. Program and refreshments were enjoyed by the largest gathering ever held by the Seventh District.



Indiana: THE INDIANA STATE NURSES' ASSOCIATION held its twenty-third and the STATE LEAGUE OF NURSING EDUCATION its eighteenth annual meeting at Fort Wayne, October 1-3. The attendance was large and the members enthusiastic. Members wore green ribbon badges, the color chosen being in honor of the 25th anniversary of the *Journal*. An outstanding feature was the *Journal* table with the birthday cake flanked by tall green candles. Thirty-two candles were placed on the cake in honor of new subscribers to the *Journal*. The splendid program was opened by the singing of America with a student nurse in uniform at the piano. The following program was presented: Hourly Nursing, Edna Hamilton, Indianapolis; round tables, Problems Common to Public Health Nurses, Isabel Glover, Director Department of Public Health Nursing, Indiana State Board of Health, and Duties of Secretaries and Treasurers of Alumnae, District and State Association, Mrs. Alma H. Scott, Executive Secretary, State Association; Cooperation Between Public and Private Health Agencies, Jane L. Tuttle, Columbus, Ohio; Hopeful Versus Hopeless Children, H. H. Young, Ph.D., Indiana University; Round table, School Nursing, Mary M. Scantling, American Red Cross Nursing Field Representative for In-

diana; The Professional Relation of the Nurse to Her Patient, W. A. Spurgeon, M.D., President Indiana State Board of Medical Registration and Examination; The Executive Nurse in Hospital Service, Mary C. Wheeler, Executive Secretary, Michigan State Nurses' Association. **Fort Wayne.**—The District Association will hold its annual meeting, beginning with a noon luncheon, at Fort Wayne on November 14. Dr. J. W. Bowers, of the Indiana Medical Board, will speak on The Nurse. Mrs. Alma Scott and Frances Ott will be guests.

Iowa: Council Bluffs.—DISTRICT NO. 9, ASSOCIATION OF REGISTERED NURSES held its regular meeting, October 2, in St. Bernard's Auditorium. After a musical program the business meeting was held. Three delegates were appointed to attend the State meeting. The District also organized a Nurses' Registry to be controlled by the District Board of Directors, with one branch in any city so desiring. The guest of honor was the State President, Adah L. Hershey, of Des Moines, who gave a wonderful address on the benefits of the profession to the public as well as to the nurse herself, the benefits of the nursing organizations and the nurses' obligations to them. She gave a short review of her trip to the International Council of Nurses held

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in Finland. She urged all to begin saving to go to China in 1929. THE ALUMNAE OF THE MERCY and the JENNIE EDMUNDSON MEMORIAL HOSPITALS, gave a luncheon at the Grand Hotel for Miss Hershey and the out of town guests who came to the meeting. There were forty present. **Des Moines.**—At the opening meeting, September 10, of the SEVENTH DISTRICT ASSOCIATION, the members were presented with copies of a snappy little news sheet called "The Registered Nurses' Clipper." The Iowa Congregational Hospital School Alumnae Association had charge of the program and was responsible for the stimulating and entertaining "Clipper." **Mason City.**—THE TENTH DISTRICT NURSES' ASSOCIATION held a meeting on September 26, at the Nurses' Home, Mercy Hospital. After a short business session at which ten new members were admitted to the Association, the nurses were invited to the auditorium where a splendid program was given by the student nurses. Refreshments concluded a delightful afternoon which will long be remembered by those present.

Kansas: Wichita.—THE SIXTH DISTRICT GRADUATE NURSES' ASSOCIATION held a meeting on September 5, at the Twentieth Century Club. Officers: President, Mrs. Jessie E. Fair; secretary-treasurer, Nellie May Bunker, corresponding secretary, Francis Montfort Branstetter.

Kentucky: THE KENTUCKY STATE BOARD OF NURSE EXAMINERS will hold its semi-annual examination for graduate nurses, in Louisville, at the City Hospital, November 17-18, 1925. Applications and information may be secured from Flora E. Keen, Secretary, Thierman Apartments, No. C-1, 416 West Breckenridge, Louisville, Ky.

Louisiana: The next examination of the Louisiana Nurses' Board of Examiners will be held in New Orleans and in Shreveport, November 16-18, 1925. For further information, address Julie C. Tebo, R.N., Secretary, 27 Cusachs Building, New Orleans, La.

Massachusetts: The autumn meeting of the MASSACHUSETTS STATE NURSES' ASSOCIATION was held October 9-10 at the Maplewood Hotel, Pittsfield. The attendance averaged four hundred in spite of unfavorable weather conditions. The meetings were interesting and entertaining, much credit being due the

Arrangements Committee, Florence Norman, Chairman. Edith J. L. Clapp, Field Secretary of the American Nurses' Association, was present at all meetings and received a cordial welcome. Motor rides were arranged by the Berkshire County Medical Society which had to be cancelled due to a severe snow storm. Addresses were delivered by John F. Gannon, Superintendent of Schools, Rev. B. S. Conaty, Dr. Henry Colt and Dr. Lawrence Lunt. The report of the meeting at Helsingfors, Finland, by Marietta Barnaby, was fascinatingly interesting and most enthusiastically received. Sally Johnson, of Boston, one of the directors of the *American Journal of Nursing*, spoke on the twenty-fifth anniversary of the *Journal*, as a result of which over sixty new subscriptions were listed. The Public Health Section had as their speaker Elizabeth Fox, President National Organization for Public Health Nursing. Tea was served at the House of Mercy Hospital. The visiting nurses are all very appreciative of the courtesy and cordiality extended to them. **Arlington.**—A meeting of the ARLINGTON NURSES' ALUMNAE was held at Hambury Hall, Arlington Heights, on October 8. The members of the Alumnae were very glad to welcome Bernice Wiggins back as Superintendent of Nurses. Miss Wiggins has had wide experience since leaving this school. Grace Reilly was missed at the meeting; she is head nurse at the Government Hospital at Corozal, Canal Zone. The meeting was followed by a banquet and dance given by the Alumnae to the graduating class. The graduating exercises took place on October 15 with eleven nurses graduating. **New Bedford.**—BRISTOL COUNTY NURSES' ASSOCIATION held its autumn meeting in the White Home, St. Luke's Hospital, September 19, with K. Sophia O'Leary in charge. About 75 nurses were present. Mrs. Susie Albert, of Fall River, gave an interesting talk on two weeks spent at the Nurses' Rest House, Rowley, Mass. Ellen Hutchison told of her nursing in eastern New York. Jessie E. Catton, President of the Massachusetts State Nurses' Association, stressed the importance of young graduates joining their alumnae associations and maintaining an active interest in the activities. After the meeting tea was served by St. Luke's Alumnae Association. Following the County Nurses' meeting, the

Bristol County Red Cross Nursing Association held a session, with Nora McQuade in charge. Attention was called to the National Red Cross Convention held in St. Louis, October 12-15.

Michigan: The Board of Directors of the MICHIGAN STATE NURSES' ASSOCIATION met at the Central Bureau of Nursing, October 15, to hear the proposed outline of plans of the new State Secretary to meet the policies of the Michigan State Nurses' Association for the coming year. **Detroit.**—THE DETROIT DISTRICT ASSOCIATION held its regular meeting October 9, at the Herman Kiefer Hospital. Doctor Kiefer gave a very interesting talk on the Prevention of the Spread of Disease, referring to the new era of preventive medicine. Mary C. Wheeler, the new State Secretary, gave a short talk which was enthusiastically received. The Association accorded her a warm welcome. Refreshments were served by Miss Hollings, Superintendent of Nurses, and her assistants. THE FARRAND TRAINING SCHOOL ALUMNAE ASSOCIATION held its regular monthly meeting October 13. After the business meeting a reception was given to the new State Secretary, Mary C. Wheeler, and to the State Association delegate to Helsingfors, Mrs. L. E. Gretter. The student nurses of the Farrand Training School were invited. THE WOMAN'S HOSPITAL gave a banquet on October 7 to the Nurses' Alumnae Association. Mary C. Wheeler, Michigan State General Secretary, gave a very interesting talk on the relationship of the alumnae to the nursing organizations. Mrs. L. E. Gretter talked on her trip to Finland. Following the banquet the annual meeting was held. The officers for 1926 are: President, Ethel Richards; secretary, Leo Turner; treasurer, Ethel Williams.

Minnesota: THE MINNESOTA STATE NURSING ORGANIZATIONS, departing somewhat from the usual custom, held a joint Convention at the Ryan Hotel, St. Paul, October 5 to 9. The forenoons were given over to the business meetings of the three organizations. General programs held the attention of the three groups, afternoons and evenings. Five hundred and sixty-nine nurses registered as follows: Guests, 25; students, 59; second district, 12; third district, 175; fourth district, 250; fifth district, 18; sixth district, 30. Pro-

fessor William L. Bailey, of the Department of Sociology, Northwestern University, Chicago, gave the address at the general opening session which was followed by a social hour and refreshments. On Tuesday the general topic, Laboratory and Clinical Tests, was ably presented and demonstrated by Dr. William A. O'Brien. Children from the Lymanhurst School, to whom the several tests had been administered, were present and the nurses were able to actually see the reactions which followed. The Schick Test, explained by Dr. H. D. Lees; the Dick Test, by Dr. E. S. Platou; the Tuberculin Test, by Dr. J. A. Meyers, and Basal Metabolism by Dr. C. A. McKinley. The earnestness and enthusiasm of May Kennedy of the School of Psychiatric Nursing, Chicago, impressed the large group who heard her address on The Nursing Care of the Nervous and Mentally Ill. Demonstrations at several hospitals and a general session at which the topic of Diet was discussed occupied the third day of the Convention. The papers on Dietary Measures in the Treatment of Diabetes, by Dr. A. H. Beard, of Minneapolis; Corrective Diets and Their Relation to Nursing, by May Foley, Dietitian, Kahler Hospital, Rochester, and The Feeding of Well Children, by Doctor Critchfield, of the Minnesota Public Health Association, left no doubt as to the necessity of a knowledge of the part played by diet in the maintenance of health. The topic of "Educational Guidance" was presented by Mary E. Gladwin, Eula Butzerin, and Mae Coloton. These speakers impressed upon all the greatness of the task confronting those whose responsibility and privilege lies in the educational guidance of the student nurses all over the land. At this session a student nurse from St. Mary's Hospital, Duluth, made a plea for Conventions for Student Nurses. A plan was outlined whereby one student from each class in every school in the State would be sent by the school to a convention at which conferences with leaders in the various fields of nursing would be held, and the students would form the "convention habit." This came as a decided innovation and a committee was appointed to further consider the suggestion. An air of mystery pervaded the program on Thursday evening and a dramatization—Training Parents—by the Infant Welfare

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Society, of Minneapolis, under the guidance of Helen Chesley Peck, proved a delightful diversion. On Friday morning, the Opportunities and Responsibilities of the Red Cross Nursing Service were ably set forth by Mrs. Elsbeth Vaughan, of the Midwestern Branch, St. Louis. That we have heard the call in the past was proven by Olivia Peterson's bit of history on The Red Cross Nurse in Minnesota. At the business meeting of the State Registered Nurses' Association, honorary membership was conferred upon Dr. Jennette McLaren in recognition of her thirteen years of service on the Nurses' Examining Board. Mrs. A. R. Colvin was appointed historian for the State Association, and work will begin immediately on the writing of a history which is to be ready in 1930. Fifty dollars was contributed to the Robb Memorial Fund; fifty dollars to the McIsaac Loan Fund; one hundred dollars to the National League of Nursing Education, and two hundred dollars to the Nurses' Relief Fund. Never before have the Minnesota Nursing Organizations held such a festive convention. Delightful teas were given at the Nurses' Home, St. Luke's Hospital, and at the Headquarters of the Minnesota Public Health Association, and a luncheon for Sisters attending the Convention was given at St. Joseph's Hospital. Exactly twenty years ago the State Nurses' Association came into existence at the Ryan Hotel, St. Paul, so what more fitting than a birthday dinner. Tiny lighted candles on individual birthday cakes greeted the nurses as they entered the banquet hall. There was also a huge cake surrounded by twenty candles waiting to be lighted. The guests were Adda Eldredge, President of the American Nurses' Association; Mrs. A. R. Colvin, first president, who served for five years; Mrs. Frances Campbell, president for two years; Irene English, president for four years. Telegrams and letters were received and read from absent former presidents, Mrs. Marie Jammé Stühr, Edith Gatzman, Minnie Patterson; from Ida Cannon, the first secretary, and from the *American Journal of Nursing*. As the bits of history were revealed by the speakers and messages, Miss Eldredge lighted the candles, the last one—1925—for Caroline Rankiellour. Miss Eldredge held her audience entranced as she recounted the wonderful

meeting in Helsingfors and gave a glimpse of the spirit of akinness among nurses as demonstrated by those gathered at the great International Council. Birthday parties were the order of the week. A most attractive *Journal* booth presided over always by two solicitous nurses took precedence over the registration desk. Four candles were immediately placed on the cake for the four Minnesota nurses who are receiving help from the Nurses' Relief Fund and to whom the *Journal* will be a welcome visitor. Miss Gladwin spoke for the *Journal* on every possible occasion and made all feel very near to the women who had vision and courage to persist in order that we might today have our own *American Journal of Nursing*. We felt their very presence at the luncheon on Friday when the real cake surrounded by twenty-five candles was cut by Mrs. Vaughan, of the Red Cross. Candle after candle had been added to the imitation cake during the week. Had they been lighted, the cake would have been ablaze, for 328 tiny tapers proudly paid tribute to the opportunity of those who had placed them there. **St. Paul.**—Olga Larson, class of 1920 Bethesda Hospital, St. Paul, has accepted a position at the Deaconess Hospital, Spokane, Wash., as assistant surgical nurse. Alfa Olson, class of 1922 Bethesda Hospital, St. Paul, has accepted a position as night supervisor at the Northern Pacific Hospital, St. Paul. Mrs. Carlson, formerly Alida Magnuson, was presented with a silver tea set by the Alumnae of Bethesda Hospital, in appreciation of her loyalty to the Alumnae. Mrs. Carlson is one of the oldest members of the Alumnae.

Missouri: St. Joseph.—THE NOYES HOSPITAL ALUMNAE ASSOCIATION, at its annual meeting elected the following officers: President, Rena McGanby; secretary, Elnora Weber; treasurer, Ruth Easton.

Nebraska: York.—THE LUTHERAN HOSPITAL held graduating exercises for a class of four, at the Lutheran Church, September 27. Rev. H. E. Meyer gave the address, diplomas were presented by Rev. O. Batz and the hospital pins by Emma Schuelke, Superintendent. Following the exercises a reception was held at the hospital. On September 28, the Alumnae Association gave a dinner to the graduating class, at the Dean Hotel. The date of the NURSES' EXAMINATION has been set

for November 3, 4 and 5, 1925, at the Nebraska College of Medicine, Omaha, and the State House, Lincoln. Mrs. Clark Perkins, Director, Bureau of Examining Boards.

New Hampshire: Manchester.—THE ELLIOT HOSPITAL NURSES' ALUMNAE ASSOCIATION held a meeting on September 16, at the home of Abbie Emerson Geer. Six new members were admitted. Mabel Potter, newly appointed editor of the Alumnae Bulletin, chose two assistants. The annual food sale was discussed and a committee appointed. The advisability of collecting dues from nurses who from any cause were incapacitated was put to a vote; it was decided to meet each case as it seemed best. The business meeting was followed by a social hour. Refreshments and reading by a student nurse were enjoyed.

New Mexico: THE NEW MEXICO STATE BOARD OF NURSE EXAMINERS will hold its examinations in Santa Fe, on November 16, 1925. The Board will meet on December 3 in Santa Fe to approve applications. The new officers for the board are Sister Mary Lawrence, president; Ella Bartlett, secretary and treasurer.

New York: Clifton Springs.—Agnes Howard, President of the Clifton Springs Sanitarium Alumnae Association, has resigned because of having accepted a position in the Child Welfare Department in New Orleans, La. Mary Milligan was elected to fill this vacancy. A class of twenty-seven students was admitted to the school this fall, the largest that has entered during its history.

Rochester.—THE PARK AVENUE CLINICAL HOSPITAL ALUMNAE ASSOCIATION held a meeting on October 5, at the hospital, with a record attendance. Edythe Petty was chosen a delegate to the State Convention in Albany. Plans were discussed for a Halloween party to be held at Rochester Club. Following the business meeting, Nancy Cadmus, of the Central Directory, gave an interesting and much appreciated talk on The Value of Your Alumnae Association. Lucy Bayley will speak on The Directory, at the next meeting, November 2. **Rome.**—Helen S. Clark, class of 1924, Stamford Hospital Training School, and class of 1925, Post Graduate Woman's Hospital, New York City, is Instructress of Nurses at Rome Hospital. **White Plains.**—THE

CENTRAL SCHOOL OF NURSING OF WESTCHESTER COUNTY, began its third year, September 15, with an enrollment of fifty-two students.

Ohio: The joint Institute held by the three sections of the OHIO STATE ASSOCIATION, October 5-10, was remarkably successful. The attendance of 407 was registered as follows: Public Health Section, 187; Private Duty Section, 80; Nursing Education Section, 127; not classified, 13. The papers at each session were carefully correlated followed by discussions, one being devoted to Orthopedic Surgery, Nursing Care of Orthopedic Conditions, and Gymnastic Exercises for Postural Defects. Tuberculosis was discussed under Medical Treatment and Institutional and Public Health Nursing Care. The Care of the Obstetrical Patient in the Home and Milk Modification constituted one program. Newer Tendencies in the Use of Drugs, Methods of Teaching Chemistry and The Mathematical Side of Solutions logically came together. Other subjects of importance were: Venereal Disease and Nursing Care of Communicable Disease in the Home, Our Code of Ethics and Some New Tendencies in Educational Method, The Twentieth Century Interest in Parents and Children, Teaching the Structure of the Human Body and a Demonstration of Teaching Anatomy. The registration fee was two dollars. **Cincinnati.**—DISTRICT NO. 8, ASSOCIATION OF GRADUATE NURSES, held its September meeting at Scarlet Oaks, the beautiful Medical Hospital of the Bethesda Hospital. Elizabeth Pierce, Superintendent of the Children's Hospital, gave a splendid report of the convention at Minneapolis. The Alumnae of the Bethesda Hospital were hostesses. After a very enjoyable luncheon the members were escorted through their beautiful home. The next meeting will be in Middletown, O. **THE ALUMNAE ASSOCIATION OF THE JEWISH HOSPITAL SCHOOL FOR NURSES**, held its first meeting in September. After the business sessions, the members visited the living room which the Alumnae Association had furnished completely with part of the proceeds from last year's card party. **Columbus.**—DISTRICT NO. 12, had the great pleasure of entertaining Helen Greaney, National Chairman of the Private Duty Section, at its opening fall meeting. The meeting was in charge of this Section

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and was held at the Neil House where a banquet was served. Miss Greaney gave an inspiring talk. The meeting was well attended, each section being represented. **MT. CARMEL HOSPITAL ALUMNAE ASSOCIATION** gave a tea in honor of Miss Greaney. **Youngstown.**—The regular meeting of DISTRICT No. 3 was held at the Nurse's Home, St. Elizabeth's Hospital, September 16. An unusually large attendance greeted Carolyn McKee, Chief Examiner of the State Examining Committee, who addressed the meeting. St. Elizabeth's Alumnae was hostess. **THE NURSES' EXAMINING COMMITTEE** will hold an examination for nurse registration, December 17, 18 and 19, 1925, Columbus, O. Application should be sent in well in advance. Caroline V. McKee, Chief Examiner, Columbus.

Oklahoma: **THE OKLAHOMA STATE BOARD OF NURSE EXAMINERS** will hold its next examination for nurses, December 4 and 5, in the Capitol Building, Oklahoma City. For applications, write Olive Salmon, Secretary, 200 East 8th Street, Oklahoma City.

Pennsylvania: Allentown.—**THE ALLENTOWN HOSPITAL NURSES' ALUMNAE ASSOCIATION** held its annual meeting October 5. Officers were elected and reports read. Plans were discussed for a reception and dance to be held early in December. Four nurses applied for membership. A delightful social hour followed. **Meadville.**—**THE NURSES' ALUMNAE ASSOCIATION OF THE MEADVILLE CITY HOSPITAL** and Lydia A. Whiton, Superintendent, have engaged in a concerted effort to raise a fund to build a much needed Nurses' Home, as a memorial to the late Dr. Blanche Best. Several card parties have been given and a local theater gave a commission on the sale of tickets to a motion picture. The members of the Association took an active part in the observance of National Hospital Day which was also the occasion of the graduation exercises for eight nurses from the City Hospital Training School. A dinner was served to the members of the Association, hospital staff, graduates, and pupil nurses, by members of the Ladies Advisory Committee. After the dinner a short address was given which embodied short historical sketches of the pioneers in the nursing profession, and of the Meadville City Hospital and Training School. **Philadelphia.**—At the **WOMAN'S**

HOSPITAL COMMENCEMENT EXERCISES, the "Pauline Medal" was given to Helen Greaney and Ruth Hahn. **Pittsburgh.**—**THE ALLEGHENY GENERAL HOSPITAL NURSES' ALUMNAE ASSOCIATION** held a meeting in October, the first one held since June. The entire evening was given over to business. Arrangements were made to send a representative to the State Convention in Williamsport. The sad news of the death of the first president, Dr. Isabel Winlow Whisler, was announced and great sympathy for the bereaved family was expressed. On October 1, the **PENNSYLVANIA STATE BOARD OF EXAMINERS FOR REGISTRATION OF NURSES** moved its office from 34 S. 17th Street, Philadelphia, to 812 Mechanics Trust Building, Harrisburg. The personnel of the Board is: President, S. Lillian Clayton, Philadelphia; vice president, Margaret A. Dunlop, Philadelphia; secretary-treasurer, Helene Herrmann, Harrisburg; Edith E. Yingst, Gertrude L. Heatly, Mary A. Rothrock.

Rhode Island: Providence.—**ST. CAMILLUS GUILD FOR CATHOLIC NURSES** held its meeting on October 4 at St. Joseph's Hospital Nurses' Home with the president, Alice O'Rourke, in charge. Rev. Peter Foley gave a talk on Present Day Tendencies and the Duty of Parents to Their Children. A report of the convention of Catholic Charities held last month in Washington was given by a delegate, Winifred Fitzpatrick, past president of the Guild. It was voted that meetings be held every two months during the coming year. After a short business meeting, tea was served and a social hour enjoyed, after which the members assembled in the chapel.

Tennessee: Chattanooga.—**THE CHATTANOOGA DISTRICT NURSES' ASSOCIATION** held its last meeting for the year at the Nurses' Home at Erlanger Hospital on September 24. Final plans for the booth at the fair were made. Delegates were elected to go to the State Convention. New officers were elected after all annual reports were read. The next meeting will be held at the nurses' booth at the fair in October. Dinner will be served.

Texas: Houston.—**THE NINTH DISTRICT** held an open meeting for all Red Cross workers and members of the Federation of Women's Clubs, at the Y.W.C.A., October 1.

Vermont: **THE VERMONT BOARD OF**

REGISTRATION OF NURSES will hold the semi-annual examinations for registration of nurses, at the State House, Montpelier, Thursday and Friday, November 12 and 13. For blanks, address Celia E. Brian, Secretary, Board of Registration, Brattleboro. Applicants for membership to the Red Cross Nursing Service should address, Chairman and Secretary State and Local Committee on Red Cross Nursing Service, Mrs. Joseph W. Blakely, 11 Winter Street, Montpelier.

Washington: Seattle.—THE UNIVERSITY OF WASHINGTON has added Anatomy and Physiology to the three months' course given to student nurses. Fifty-four nurses have registered for the course this fall, twenty of them for the five year course. Registration for the Public Health Nursing Course is not complete, but sixteen nurses have already registered. THE KING COUNTY GRADUATE NURSES' ASSOCIATION, DISTRICT 2, held its annual meeting, October 5. The following officers were elected: President, Nettie Brock; treasurer, Rose Hoffman; recording secretary, Adelaide Short; corresponding secretary, Cora Gillespie. The attendance was good and the program very interesting. Music was enjoyed and Dr. Russell McCurdy gave a graphic description of places seen and conditions encountered in his travels through Europe.

Tacoma.—THE OFFICIAL DIRECTORY, which was recently organized, is most loyally supported by the nurses and hospitals; twelve-hour duty in hospitals has just been adopted. Tacoma is beginning the year in an enthusiastic way.

Walla Walla.—THE UNIVERSITY OF WASHINGTON is to give an extension course. The nurses are enthusiastic and a large class is anticipated. Lectures for the Modern Health Movement are to be given by Maud Parson, Assistant Director, Department of Nursing.

West Virginia: Clarksburg.—THE WEST VIRGINIA STATE NURSES' ASSOCIATION held its nineteenth annual meeting at the Waldo Hotel, September 24-26. It was the largest meeting in the history of the Association and each session was largely attended. The Clarksburg nurses spared no effort to make their guests comfortable and happy. The honor guests were Agnes G. Deans and Elizabeth G. Fox. Their talks and advice were very valuable and awakened and stimulated a real inter-

est. The program was varied, instructive and interesting. Mrs. Kathryn Trent presided. The most important business of the meeting was the revision of the Constitution and By-laws. The opening session was splendidly stimulating and the reports of the officers indicated the close of a year of good work. Among the many excellent papers presented during the meetings, were The Romance of Nursing, Lillian Radford; Correlation of Theory and Practice in the Training of Nurses, Madge Duncan; The Small Hospital, Mary L. White; an address by Dr. W. T. Henshaw, of the State Health Commission; The Prevention of Blindness, by Jessie Fulton; The Public Health Nurse, by Dr. V. A. Selby; State Board Problems, by Dr. F. LaMoyné Hupp; Venereal Disease, by Ada Coddington; Pediatric Nursing, by Dr. Robert Hood; A Full Time Educational Director, Mrs. Andrew Wilson. The social program was entertaining, with a picnic on the first day at Jackson's Mill, a twenty-two mile drive to the old home of Stonewall Jackson. On Friday a luncheon was given by the Rotary, Kiwanis and Lions Clubs in a joint meeting. It was full of humor and wit, with plenty of good things to eat. Friday night a beautiful and well attended dinner dance was given by the nurses of Clarksburg. The dinner favors were pictures of Florence Nightingale with the Nightingale Pledge. On Saturday, Mary E. Reid, Chairman of the State and Local Red Cross Nursing Service, entertained at luncheon, her committee and a few invited guests. The following officers were elected: President, Mrs. Kathryn Trent, Charleston; secretary, Mrs. Anne McGee Madden. Parkersburg was selected for the meeting in 1926, September 23-25.

Wisconsin: THE STATE BOARD OF HEALTH has assigned two public health nurses to the Wisconsin Rapids Indian Agency and the La Courte D'Oreille Agency. The Bureau of Indian affairs has sent a special physician to Wisconsin to assist in the proposed health campaign among the Indians. THE WISCONSIN STATE BOARD examination for the registration of nurses will be held in Milwaukee and Eau Claire, December 1, 2 and 3. In Milwaukee the examination will be held in the City Service Rooms, seventh floor of the City Hall; in Eau Claire the examination will

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be held at the Sacred Heart Auditorium. Information regarding rooms for nurses in Eau Claire may be obtained from Clara G. Lewis, 820 South Barstow Street, Eau Claire.

Wyoming: THE WYOMING STATE BOARD OF NURSE EXAMINERS will hold their semi-annual examinations for nurses, December 1, 2, 3, 4. Applications to be filed thirty days prior to examination, with the secretary, Mrs. H. C. Olsen, 3122 Warren Avenue, Cheyenne.

MARRIAGES

Lillian C. Balvig (class of 1919, Mounds Park Hospital, St. Paul, Minn.) to Theodore C. Johnson, September 14. At home, St. Peter, Minn.

Collette H. Beecher (class of 1916, Norton Memorial Infirmary, Louisville, Ky.) to George Roscoe, August 12. At home, San Francisco, Calif.

Mabel C. Bellis (class of 1925, California Lutheran Hospital School of Nursing, Los Angeles, Calif.) to James Richard Nelson, August 25. At home, Schenectady, N. Y.

Mary M. Bornemeier to Edward Rose-now, August 12. At home, Elmwood, Neb.

Helen M. Brant (class 1924, Allegheny General Hospital, Pittsburgh, Pa.) to Dr. Charles J. D. McVeigh, September 26. At home, Philadelphia, Pa.

Margaret Jane David (class of 1918, Nebraska Methodist Hospital, Omaha, Neb.) to James Hayward, October 8. At home, West Portal, Colo.

Marion Deardorf (class of 1917, Methodist Episcopal Hospital, Philadelphia, Pa.) to Rev. John Dechant, September 17.

Olive A. Decker (class of 1924, Orange Memorial Hospital, Orange, N. J.) to Harold F. Wilhelm, October 5. At home, Greenspoint, N. Y.

Dewitt C. Dillard (class of 1907, Touro Infirmary, New Orleans, La.) to William J. Given, October 7. At home, Jackson, Tenn.

Dorothy Edbloom (class of 1921, Bethesda Hospital, St. Paul, Minn.) to A. A. Anderson, August 22.

Mildred Erickson (class of 1923, Milwaukee Hospital, Passavant, Milwaukee, Wis.) to Norman Berner, August 26. At home, Green Valley, Wis.

Ethel Friberg (class of 1921, Bethesda

Hospital, St. Paul, Minn.) to Otto Morstead, August 10.

Leona Willard Gray (class of 1921, Wilmington Homeopathic Hospital, Wilmington, Del.) to Harry Marr, October 1. At home, Atlantic City, N. J.

Vera Hughes (class of 1924, Noyes Hospital, St. Joseph, Mo.) to Temple E. Bell, September 19.

Aetna Elizabeth Hunt (class of 1921, Army School of Nursing, Washington, D. C.) to Harold Francis Smith, M.D., August 24. At home, Iowa City, Iowa.

Margaret D. Hunt (class of 1923, St. Luke's Hospital, Bethlehem, Pa.) to B. C. West, M.D., August 15.

Georgia Hutchisson (class of 1921, Jane Case Hospital, Delaware, Ohio) to H. Hugh Sisinger, August 22. At home, Shelby, Ohio.

Eva M. King (class of 1924, Central Maine General Hospital, Lewiston, Me.) to Ermond Noonan, October 5. At home, Montreal, Canada.

Marion Crissey Kissam (class of 1918, St. James' Hospital, Newark, N. J.) to Hubert J. Harrington, September 30.

Agda Lindberg (class of 1916 Bethesda Hospital, St. Paul, Minn.) to August Rhiel, August 26.

Adelhia Lippard (class of 1918, Clifton Springs Sanitarium, Clifton Springs, N. Y., to Ralph Bullard. At home, Geneva, N. Y.

Beatrice L. Lowe (Farrand Training School, Detroit, Mich.) to John Bosworth Dibble, August 5. At home, Detroit.

Mary Hazel Mechling (class of 1918, Latrobe Hospital, Latrobe, Pa.) to George Roberts, September 11. At home, Latrobe, Pa.

Esther Katherine Osmun (Home and Hospital Training School for Nurses, Findlay, O.) to Ralph Cook, September 26. At home, Seville, O.

Bessie Shaw Parrott (class of 1920, Delaware Hospital Training School for Nurses, Wilmington, Del.) to Edgar Burton Mustard, September 9. At home, Lewes, Del.

Mildred Penn (class of 1920, Ravenswood Hospital School for Nurses, Chicago, Ill.) to Donald B. Harris, September 5.

Mrs. Florence Hays Pickens (Woman's Hospital, Philadelphia, Pa.) to Wayne A. Fogel, August 21. At home, Cincinnati, O.

Marie Prestangen (class of 1923 Bethesda

Hospital, St. Paul, Minn.) to Olaf Norstog, August 22.

Jewel Rogers (class of 1924, West Ellis Hospital, Chattanooga, Tenn.) to B. F. Fargo, September 2. At home, Chattanooga.

Winifred G. Round (class of 1922, Methodist Episcopal Hospital, Brooklyn, N. Y.) to William G. Belfie, September 7. At home, Detroit, Mich.

Emma Elizabeth Rydell (Augustana Hospital, Chicago, Ill.) to G. D. Hanberg, M.D.

Alma M. Sherman (class of 1907, Parker Memorial Hospital, Columbia, Mo.) to Samuel H. King, July 9.

Lillian Strout (class of 1921, Columbus Hospital, Great Falls, Mont.) to Edgar Suhr, August 12.

Elsie Sundell (class of 1918, Swedish Hospital, Minneapolis, Minn.) to Rev. Harry P. Lundell, September 11. At home, Evanston, Ill.

Margaret Vosburg (class of 1918, Clifton Springs Sanitarium, Clifton Springs, N. Y.) to Rev. Ralph S. Nanz, September 1. At home, Waukesha, Wis.

Mayme Wagner (class of 1917, Clifton Springs Sanitarium, Clifton Springs, N. Y.) to Caleb Jackson, September 1. At home, Monterey, Mass.

A CORRECTION.—An item in the October *Journal* reporting the marriage of **Mario Virginia Bumgarner** was an error. Subscribers are asked to be exceedingly careful of the accuracy of items sent for publication.

DEATHS

Evelyn England Anderson (College Hospital, Berea, Ky.) on June 14, at Robinson Hospital, Berea, following a Caesarian operation. Mrs. Anderson was an honor to her profession and a source of blessing to those for whom she labored. She had rendered valuable service as a private duty nurse and also as surgical nurse at the Robinson Hospital. She was a charter member of Berea College Hospital Alumnae Association and a woman who embodied the high ideals of Berea College. The infant son, for whom she gave her life, survived.

Mary Helen Baird (Meadville City Hospital, Meadville, Pa.) on June 22, at the

Meadville City Hospital. Miss Baird was an efficient nurse and faithful friend.

Emma Sweatwood Bechtel (class of 1912, Jefferson Medical College Hospital, Philadelphia, Pa.) on September 17, in Philadelphia at the home of her sister. There has passed from her Alumnae a woman of sterling character, beloved by her classmates, respected by the medical staff and patients of her hospital. She gave in her work a loyal devotion which will ever carry on the honor of the profession and school she loved. In the hearts of her classmates there will remain a loving memory of the sunshine of her smile.

Mrs. Ferne Heagley Coffman (class of 1917, Illinois Training School for Nurses, Chicago) on August 7, at the Brethren Hospital, Ping Ting Chou, Shansi, China. After her graduation, Mrs. Coffman held places of responsibility, which made her doubly valuable at the hospital in China. While she had her home duties, she always found time to help during emergencies at the hospital, beside her regular teaching in the training school and supervising the operating room. Self was never considered when she could be of help. She was also interested in all phases of the work of the mission. She will be missed at every turn. In July she went to the mountains for a few weeks' rest and while there was taken suddenly ill. She was hurried down the ten miles of mountainside to the hospital in Liao, where she was operated upon for ectopic pregnancy; death occurred a few days later. Mrs. Coffman had had a similar operation more than a year ago, having made a rapid recovery.

Annette Harris (class of 1911, Baroness Erlanger Hospital, Chattanooga, Tenn.) on September 21, following a brief illness.

Lilly L. Hopper (class of 1918, Altoona Hospital, Altoona, Pa.) on October 5, at her home, Juniata, Pa., of acute dilatation of the heart. Miss Hopper did institutional work, but at the time of her death was doing private duty nursing. She was an unusually well-loved and successful nurse. Her death was a great shock to her many friends, as well as a loss to the profession.

Maria McDaniel (class of 1890, Connecticut Training School, New Haven, Conn.) on September 19, at Noble Hospital, Westfield, Mass., where she had been Superintendent for

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six and one-half years. Because of poor health she was given a six months' leave of absence, beginning June 1. Soon after, an operation proved necessary. It was found that her condition was hopeless. She bore her suffering bravely and faced the inevitable end with cheer and courage. Miss McDaniel was a native of New Hampshire. Following her training she did private nursing for several years, then institutional work. She was Superintendent of Oswego Hospital, Oswego, N. Y., for five years; later a member of the staff in a hospital in Grand Rapids, Mich.; Assistant Superintendent at Wesley Hospital, Chicago, Ill., one year; Superintendent of Colonial Hospital, Geneva, Ill., seven years, from whence she came to Westfield, Mass., as Superintendent of Noble Hospital. A woman of strong character and a natural leader, she also possessed fine executive ability. She was regarded a brilliant woman and earned the esteem and good will of all those with whom she came in contact. Her passing is a great loss to her family and to the nursing profession. Burial was at Westfield.

Anna May Nelson (class of 1922, Mary Fletcher Hospital, Burlington, Vt.) on May 29 in Randolph, Vt., of pneumonia, after an illness of eight days. Miss Nelson was formerly a private duty nurse, later doing institutional work. At the time of her death she had been Superintendent of Randolph Sanatorium for two years and was a director of the Vermont State Nurses' Association. She has left a lasting impression of high ability and sterling character.

Mrs. Pauline Scott (class of 1917, Deaconess Hospital, Louisville, Ky.) on September 29, at the Deaconess Hospital after a short illness of nephritis.

Myrtle Juliette Smith (class of 1920, Levering Hospital, Hannibal, Mo) on August 26, at Audrain Hospital, Mexico, Mo., after a brief illness, and a short time away from her

work. Miss Smith had been doing general floor duty at Audrain Hospital for the past five years and was esteemed and loved in this community. After a beautiful service at the Nurses' Cottage in Mexico, burial was at Bethel, Mo.

Mary M. Stone (widow of General Roy Stone) at Lincoln, England, on September 28. Mrs. Stone was a Federal nurse and one of the first two Northern women to arrive at the Gettysburg battlefield. The body was transported to America for burial in Arlington National Cemetery.

Mrs. Clara Taylor (class of 1924, West Jersey Homeopathic Hospital, Camden, N. J.) on July 4. Her sudden death was a shock to all her friends and she will be sadly missed by her associates who knew her so well.

Anna Walters (class of 1910, Park Avenue Clinical Hospital, Rochester, N. Y.) on October 6, while on duty in the hospital. Miss Walters had done private duty nursing since her graduation and was an active member of the Alumnae Association, having attended a meeting a few hours before her death. She was the first nurse to graduate from her school. She was beloved by all who knew her.

Dr. Isabel Winlow Whisler (class of 1890, Allegheny General Hospital, Pittsburgh, Pa.), September 1, at Tucson, Arizona, following an illness of four months. Doctor Whisler was one of the organizers of the Allegheny General Hospital Nurses' Alumnae Association and its first president. Her great interest and wonderful executive ability made it a joy and pleasure to be a member of the Association. It was a loss, keenly felt by the members, when her marriage made it necessary to change her residence.

Isabelle Whittaker (class of 1898, Clifton Springs Sanitarium, Clifton Springs, N. Y.), October 4, at the home of her sister in Toronto, Canada.

"O that I once past changing were,
Fast in thy Paradise, where no flower can wither!"

GEORGE HERBERT.

BOOK REVIEWS

SAFEGUARDING CHILDREN'S NERVES: A Handbook of Mental Health. By James J. Walsh, M.D., and John A. Foote, M.D. pp. 272. Illustrated. J. B. Lippincott Company, Philadelphia. \$2.

The motivating spirit back of this sound in principle and readable book at once catches the attention, for "to protect the developing nervous system of the infant and the child against both the hardness and the softness of modern life" is of essential importance, none greater.

In a logical, simple and comprehensive manner the problems and their credible solutions are presented. It is startling, yet easily understood that the number of patients suffering from nervous diseases is constantly increasing; it is as readily comprehended that the most efficacious plan for solving the problem is to adjust the environment of early infancy to meet the needs of the nervous system, and to hold these safeguards throughout adolescence.

If "education is, after all, the bringing out of what is in people," any person dealing with child life will find this book helpful in unraveling some of the tangles which are so constantly before them. The discussions of commonplace problems such as a child refusing to eat, are convincingly plain and clear-cut.

The force of giving the reason for the proposed solutions is demonstrated many times, explicitly so in the chapter on Vital Foods and the Nervous System. Stimulating and true in its expression is the thought that "recreation is, after food, the most important feature of child life."

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The same interesting historical tracing which Doctor Foote so frequently infuses in his writings, is caught in his tracing of criminal instincts back to the undisciplined child in its early years tendencies as he grows up if instability is his impulses.

"Nature is inexorable in the matter of obedience to her laws" proves to the satisfaction of many thoughtful parents that there is a genuine need for discipline in the early life of the child if it is to be trained to meet life in a wholesome manner. "Parental laxity is not love, but very often laziness and lack of character." Self-denial, self-control and self-discipline, these are the all-important factors for the salvation of the nervous child from its own tendencies as he grows up if instability is to be prevented.

The publishing of this vividly written book with its charming illustrations is timely and will be welcomed by all lovers of children.

HARRIET L. LEETE, R.N.,
Brooklyn, N. Y.

GYNECOLOGY FOR NURSES. By M. T. Seifert, A.B., M.D., F.A.C.S. pp. 325. D. Appleton & Company. Price, \$3.

The author's dedication of this work to the nurse makes us feel that he has endeavored to put forth something of worth for the student. The book reviews well with descriptions and illustrations of the anatomy pertaining to gynecology. It is also briefly and clearly outlined. The gynecological treatments that are set forth are well described and in modern usage, but there are numerous other therapeutic

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measures inserted which have no bearing upon the subject. On the other hand, the disorder of constipation and its treatment is given almost no mention. The many daily diets, general and special, and the six pages of receipts of various gruels, etc., would not seem to need place in a text of this kind.

The author is emphatic in his disapproval of the practice of "birth control" and implies many dangers resulting from its use. To quote from the text—"Intrinsically, it is wrong in theory and in its ultimate effect upon the individual as well as the population at large." Is this not an open question?

The chapter on "Endocrinology as Applied to Gynecology" is a good review of the glands and their independent function, but could have been a valuable help if it had emphasized for the student the delicate relationship that exists between the gynecological and endocrine systems; the disturbance of which causes the patient often to be unusually sensitive, excitable or depressed. The student often fails to recognize these phases as symptoms of the disease, whereas a thorough understanding would make her a more intelligent and sympathetic nurse and create a happier patient.

MARY S. POWER, R.N.,
New York City.

THE ESSENTIALS OF HEALTHFUL LIVING. By William S. Sadler, M.D. pp. 481. The Macmillan Company, New York. Price \$3.50.

No phase of the modern public health movement is more important than the organized positive campaign for enlightening the general public regarding health and hygiene.

The achievements of sanitary science and community hygiene have been so tremendous that their value is easily understood. Personal hygiene is a much more difficult problem. There is before us the task of interesting the individual in practices of daily living which promote health and prevent disease. For this reason *The Essentials of Healthful Living* which places the facts of medical science before the reader in a simple, non-technical style, is a real contribution.

Doctor Sadler gives due recognition to community hygiene but shows its limitations in the prevention of disease. The individual's responsibility for health is emphasized.

Personal hygiene is the keynote to the health teaching of the coming generation, and all our past achievements will not serve to stay the tide of increasing disease or to bring about an improvement in the death rate from these "habit disorders," until we, as a nation, have passed through the experience and enjoy the benefits of a real hygienic revival.

The numerous health problems met by every one are anticipated and explained. The common diseases are discussed from the standpoint of cause and means of prevention.

The book encourages an attitude of scientific approach to all health problems and so touches one of the vital factors in health education.

AMELIA GRANT,
New Haven, Connecticut.

BEHAVIORISM. By Dr. John B. Watson. A series of twelve lectures. People's Institute Publishing Company, New York. Price, \$3.

Doctor Watson's lectures, published under the auspices of the People's Institute are in form, at least, of hopeful intent for the lazy mind. They purport

to be extremely elementary, but certainly they hold the attention of those with larger equipment in this field.

John Watson, it must be remembered, may justly be called a radical among his peers, and certainly he is an enthusiast for what he conceived to be the only approach in psychology, that of behaviorism. Surely this approach, in some of its overt aspects at least, is less vague and metaphysical than that of the old introspectionist school. As long as behavior is internal as well as external, Doctor Watson is in somewhat of a dilemma, however, for the matter of internal response to stimuli must remain for the present at least something of a process for the introspectionist, as well as for the physiological psychologist.

Whether or not we are as yet prepared to argue this matter of the existence or the non-existence of instincts (the old medieval argument as to "how many angels can stand on the point of a needle?" occurs to one's mind), although it seems to some of us a good working hypothesis, and teachable at least, Doctor Watson has made a tremendous contribution in his lectures on the emotions to the layman's knowledge and some of the little that is known of endocrine glandular functioning is simply and helpfully put in one of these lectures.

Every nurse could benefit herself and others if she know only the contents of that fourth lecture—not to know it, is perhaps to be rather too ignorant, for members of our profession, of the studies being made into the reasons and causes for some of our behavior. One doesn't need to go into the field of romance upon this subject as in Ber-

man's "Glands Regulating Personality," for here are the simple facts thus far obtained, simply put.

Take the pregnant question raised by Doctor Watson, "Can the activity of the ductless glands be conditioned?" (habits set up in them). This question delves into a gold mine of possibilities for education. Does the rough physical and psychic treatment given some children in poorer homes, for instance, increase or decrease certain endocrine activities, affect the endocrine balance, perhaps,—later creating nervously unstable individuals? "What would be the effect of the intense anger of the father upon the adrenal bodies of his child? How would nagging at a boy or girl during meal times affect their digestive processes in later life?" Doctor Watson says that before one is convinced that these ductless glands can be and always are conditioned,—might abnormal conditioning of them in childhood and early adolescence, partly due to a complex environment, have any bearing upon the increase of cases of dementia praecox? One wonders.

Of immense helpfulness to many should be the lecture on conditioning and re-conditioning of the emotions both negative and positive. Why permit, through ignorance, the odor of roses to bring only pain—because used in profusion on one's father's casket? Why permit a child to grow up with a hearty dislike of corn meal mush because he once saw it fed to chickens out of a dirty pan? These are questions full of meaning both for the wise education of the emotions of children and the psychic reeducation of adults.

MARY GOODYEAR EARLE, R.N., M.A.

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